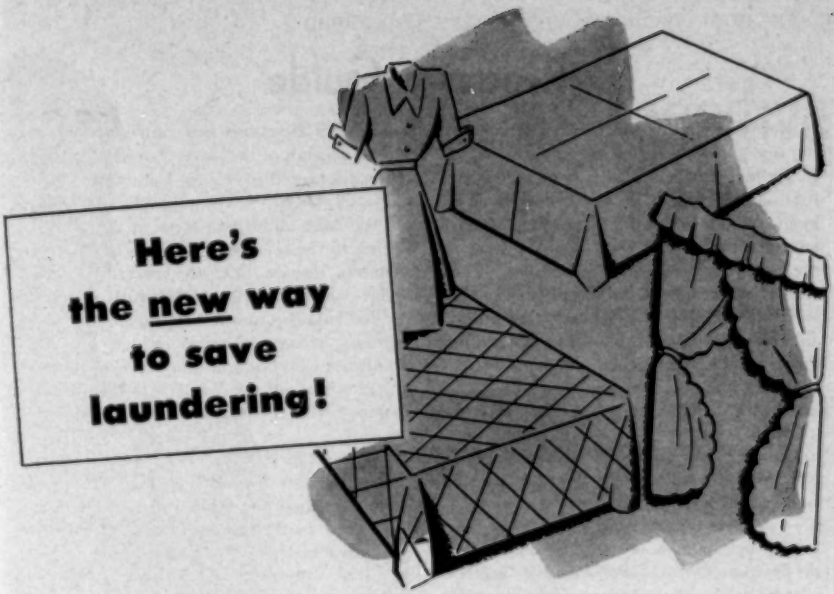

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Reader's Guide

New and exciting experiences are confronting our guest editor for this month. **Nettie D. Fidler,** president of the Registered Nurses Association of Ontario, has embarked on the long-awaited venture of developing the Demonstration School of Nursing, with the Metropolitan Hospital, Windsor, Ont., as the clinical centre. As if that were not a sufficiently strenuous undertaking, the arduous duties associated with piloting a bill through the provincial legislature will also be Miss Fidler's responsibility. The nurses of Canada will await, with mounting interest, the presentation of the new bill which is unique in Canadian nursing legislation, with both the professional and nursing assistant groups included in the same bill.

The brief announcement last month that the Metropolitan Hospital, Windsor, had been selected as the clinical centre for the new Demonstration School of Nursing has been amplified in the **Notes from National Office** this month. So that you may be thoroughly familiar with the whole project and able to answer pertinent questions the general public will ask, read this information carefully. It is anticipated that student nurses for the first and subsequent classes in this new school will be drawn from all parts of Canada. In this way it can become a truly national venture.

Plans for the next biennial meeting are taking shape rapidly. An exceedingly interesting and stimulating program is being developed — very different from that of any previous conventions. Read about it in the *Notes* and begin even now to make your plans to attend.

Dr. Max M. Cantor, associate professor of Biochemistry at the University of Alberta, gave a very instructive lecture to the nursing students of that university on the role of chemistry in the advancement of medicine. This paper originally appeared in the *Calgary Associate Clinic Historical Bulletin*, Vol. 10, No. 1, May, 1945. We are indebted to the *Bulletin* for their courtesy in permitting us to bring this interesting material to a wider group of nurses.

Eleanor MacIntosh, science instructor in the School of Nursing of the University of Alberta Hospital, has contributed a very useful account of the newer values which have been discovered to exist in Coramine.

We have all learned some of the facts relating to the usefulness of herbs in the treatment of disease. Yet the specialist's knowledge which **George H. Hamilton** brings to the discussion will not only enliven our interest in such common garden plants as mint or garlic but will also serve to increase our store of information. Mr. Hamilton is botanist with the Niagara Parks Commission.

Why do girls choose nursing as a career? What has the profession to offer in the way of moral support to the nurses who are busily engrossed in their immediate job? **Pauline Capelle,** instructor in public health nursing at the University of British Columbia, answers some of these pertinent questions for us.

Jean MacTavish is keenly aware of the values of the out-patient department in the education of the student nurse. She gained her knowledge through her own observations while she was head nurse in this department at the Ottawa Civic Hospital.

Margaret McIntosh has given us an excellent description of poliomyelitis in addition to a detailed outline of how the health department of the city of Montreal enlisted public support in countering the 1946 epidemic. Miss McIntosh is a member of the health department staff and a representative on the executive of the Public Health Section of the A.N.P.Q.

Continuing their study of personnel policies, the contributor to the Institutional Nursing Page this month, **Sister Mary Beatrice,** is superintendent of nurses at St. Joseph's Hospital, Glace Bay, N.S. The article is based on her personal experience there and also the administration experience she had at St. Michael's Hospital, Lethbridge.

Archibald Andrews, aged sixteen, was in hospital with a fractured femur when he sketched the cartoon. You will have heard the story before about how busy our doctors are!

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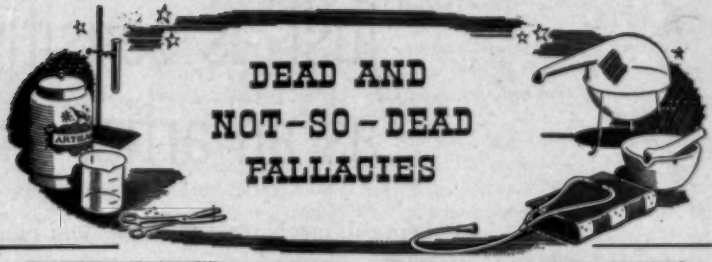

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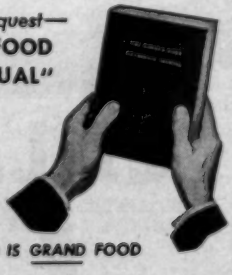

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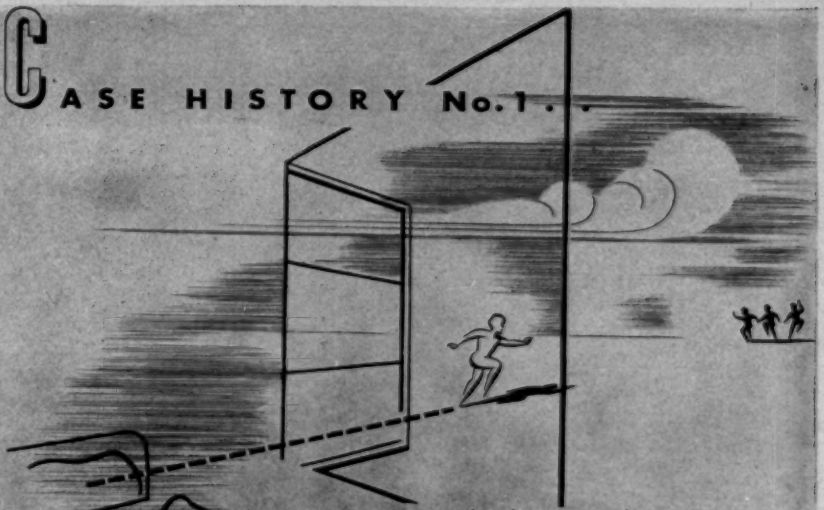

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See article reprinted in Canadian Medical Journal, June 1944, Vol. 50. (E. M. Martin, M.D.)

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Province of Ontario

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

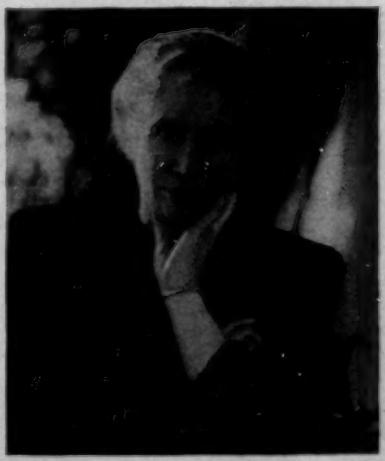
VOLUME FORTY-THREE NUMBER TEN

MONTREAL, OCTOBER, 1947

Ontario Seeks New Nursing Bill

IT IS WELL known that Ontario, the first province to seek nursing legislation, was the last to obtain it. The Nurse Registration Act was passed in 1922, and differed from the nursing acts of other provinces by placing the entire control of nursing, including the granting of registration, in the hands of a department of government.

The result of this legislation, which has received most attention, is that membership in the nursing association of Ontario is voluntary, and, therefore, does not include all nurses. Of course, the last word has not been said on the respective merits of voluntary enlistment and conscription; at least not in fields other than nursing. But the argument does become academic when licensing is granted by the association; and we are agreed that licensing is desirable. Ontario nurses have not been worried so much by the fact that their association did not issue registration certificates, as they have been that they do not control the preparation leading up to this registration; nor do they decide when it should be revoked. Even here, the situation is not so black as it has often been painted. To advise him in the administration of the nursing act the Minister of Health has a Council of Nurse Education in which nurses predominate; and while this council is only advisory, it is influential. The Registered Nurses Association of Ontario is grateful to the Department of



NETTIE D. FIDLER

Health for friendly relations and for much that has been accomplished for nursing in the twenty-five years that have elapsed since the passing of the Nurse Registration Act.

However, when all is said and done, the nursing profession in Ontario is not self-governing; and the desire to be self-governing is surely both democratic and professional. The nurses of Ontario hold this desire strongly. It has been questioned by some whether the profession is mature enough for this responsibility. We naturally claim that it is. At least its motives would seem to be. One of our avowed objects is the promotion of the public welfare. We have expressed our willingness to bring in European nurses, both on the ground of common humanity and because they are much needed here. Are we immature because we hesitate to assert that good nurses are produced only in Canada, and refuse to worry unduly over our personal "rights"?

But the public does not, I think, question our purpose and ethics. It is our education which does not meet the standards of other professions: and it is precisely in educational matters that we have least control and that our legislation is weakest. We do not control our educational standards, and in most provinces nursing education does not even benefit by the supervision of general education. There are now a fair number of nurses who have made the study of nursing and of nursing education their whole work; there are many others who have made it a major concern in their work in organized nursing. Even most of those nurses who are not primarily interested in education know the problems of nursing and the importance of preparation to meet them. And we have no political problems to interfere. Surely nursing education is safer in such hands than in those of people without experience in either nursing or education.

The Bill, which the Registered Nurses Association of Ontario is asking the Minister of Health to bring in at the beginning of 1948, is framed to give to the profession control of education and practice in the whole field of nursing, professional and auxiliary. The educational control is considered to be the most fundamental point. The machinery for this (at present the Division of Nurse Registration) would remain essentially as it is at present, but the setting of standards would be by the profession. We are not greatly interested in filling in licenses, if this should mean merely rubber-stamping the products of a preparation which we have not approved. It is the preparation itself with which we are concerned.

We appreciate the things that have been done by the Department of Health, and we have co-operated fully with it; but we want to control our own affairs, and we feel that this would be to the public benefit. In preparing our Bill, we have received many suggestions and much help from the nursing acts of the other provinces. We hope that when we have a new Act it also will prove helpful. As, after twenty-five years, we in Ontario try again for professional self-government, we know that we have the sympathy and support of our eight sister associations and of the C.N.A.

NETTIE D. FIDLER
President
Registered Nurses Association of Ontario

Attention! McGill Graduates

To all the graduates of the School for Graduate Nurses, McGill University, Montreal:

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Chemical Research and Medical Progress

MAX M. CANTOR, B.Sc., M.D., F.A.C.P. (C)

THE NATURE OF MEDICAL PROGRESS

IN THE STUDY of medical history, the historian is apt to take at face value the self-appraisal of the medical profession which too frequently conceives itself as a specialized and self-sufficient group. A cursory examination of medical progress reveals how unjustified such an assumption is. The nature and functions of medicine are circumscribed by other sciences and social institutions. Spontaneous creation can no more explain medical discovery than it can the origin of life, because medical discovery is a product of the intellectual, technical, scientific, and medical traditions which precede it. It is true that a few medical discoveries are epoch-making in that they are milestones which indicate new directions or paths for enquiry; but the road along these milestones, lined with contemporary advances in other sciences and in social changes, cannot be ignored in a realistic approach to medical history.

Emphasizing this dependence of medical discovery upon existing knowledge does not belittle the achievements of the men to whom these discoveries are usually attributed. There is no implication that their work is negligible and unimportant, nor denial that they devoted years of painstaking research to their investigations. But in medicine we are prone to attribute progress romantically and falsely to individual genius, rather than to the efforts of thousands of persons in the past and present. This type of mistaken judgment is seen in the characteristic comment by Warfield Longcope in *Milestones in Medicine:* "It is upon the individual working silently for years, unhampered, free of thought, usually unappreciated, that we must turn for the idea, the spark, the jewel upon which the wheel must turn." Robert Koch might fit into this description, but it would take some imagination to make it conform to Paracelsus, Pasteur, Lister, John Hunter or a host of our other Greats.

The creative personality in medicine as in other sciences does not effect change by the mere exercise of a powerful will as most biographers suggest, but rather by synthesizing elements in his tradition into new forms, slightly different from those which preceded them. Thomas Hardy provides us with an excellent analogy to explain these sudden wonders: "A coral-reef which just comes short of the ocean surface is no more to the horizon, than if it had never been begun, and the finishing stroke is what often appears to create an event which has long been an accomplished thing." If we are to get beneath the surface of medical history, we must sound the depths of medical discoveries to see what intellectual currents left the deposits to make them possible. We must probe the nature of the seeds that flowered successfully and study the scientific soil and the climate of opinion that nurtured them. My purpose is to trace some of the streams of achievement that flow from the growth of chemistry.

THE FOUNDATION OF SCIENTIFIC CHEMISTRY

The art of chemistry was practised thousands of years before the Christian era; the science itself dates no further back than the 17th century. Alchemy, a transient phase in its development, reached its peak in the 15th and 16th centuries. The energy which alchemists devoted to the transmutation of metals and to the search for the Philosopher's Stone bore little fruit and deserves only passing mention. As it developed, however, and the number of chemical products increased, there arose a school of alchemists who sought to apply chemical principles for the

clarification of vital phenomena. These men were physicians who believed that human illness resulted from abnormal chemical processes within the body. As such, they could be counteracted by appropriate chemical remedies. *Iatro-chemistry*, as the science was known, suffered a serious deformity in its birth, because the philosophy of its chief exponent, Paracelsus, was filled with mysticism, theosophy, pantheism, and astrology. It took two centuries and the guidance of worthier men to emancipate chemistry from alchemical slavery. From the iatro-chemists came one great step in medical progress. They insisted that the true function of chemistry was not to make gold, but to prepare medicines and substances useful to the arts. Chemistry thus became indispensable to medicine and was taught in the schools and universities as an essential part of medical education.

The foundation of scientific chemistry was laid in the 17th century when nearly every department of human knowledge was permeated by the spirit of enquiry and reform. This new experimentalist attitude of chemistry, based on observation and reason, experiment and conclusion, was founded by Robert Boyle. In his book, the *Skeptical Chymist*, published in 1661, he attacked the principles of the alchemists, gave the name and defined the basic concept of "chemical elements" as substances which could not further be divided by any known process, and insisted that the number of elements must be settled by experiment rather than by abstract reasoning. Physicians did not take kindly to this attitude at first. They would have been content with the romantic speculative alchemy which fitted nicely into their own scheme of things. The predominant judgment of the time is illustrated in the view of Leo Africanus that chemists "were a most stupid set of men who contaminate themselves with sulphur and other horrible stinks," and of Jonker, Stahl's disciple, that chemistry was of no use at all to medicine.

The significance of Boyle's ideas was not grasped until Lavoisier corroborated them late in the 18th century. Stahl's vitalistic theory of *Phlogiston* contributed considerably to this delay, particularly when important chemists such as Priestley held firmly to it. The effect of the *Phlogiston theory* in impeding chemical studies on medical processes is seen in the repeated assertions of leading physicians of the time to the effect that medicine could well do without chemistry. Even as late as 1855, Trousseau is quoted as saying, "When the chemist has seen the chemical conditions of respiration, of digestion or of the action of some drug, he thinks he has given the theory of those functions and phenomena. It is ever the same delusion which chemists will never get over. We must make up our minds to that, but let us beware trying to profit by the precious researches which they would probably never undertake if they were not stimulated by the ambition of explaining what is outside of their range." It was this traditional hostility to chemistry which formed the setting of the well-known medical opposition to Pasteur. Here was a chemist whom circumstance drove into pathology where he made his greatest contributions. His findings challenged the authority of physicians and placed him in the role of pariah.

While Black, Priestley and Lavoisier were studying the chemistry of gases, significant chemical researches in digestion were being carried out by Réaumur. The iatro-chemists explained digestion as a process of fermentation. Réaumur sought to test this idea experimentally. He studied the enzymatic action of gastric juice outside the body and showed that there was an optimum temperature for its action. Spallanzani carried these observations further and showed that the solvent action of gastric juice was different from the processes of fermentation and putrefaction and laid the foundations for some of the modern analytical methods for investigating enzyme action.

Chemistry in the Nineteenth Century

The nineteenth century saw the modernization of chemistry. Much effort was expended in differentiating ordinary materials. Attempts were made to analyze compounds, and certain irreducible elements postulated by Boyle came to be recognized. The results were formulated mathematically and a nomenclature was devised to designate them. Proust, Berthollet and Dalton produced evidence that elements combined in multiple and definite proportions. Gay-Lussac formulated the law of the combination of gases in 1808 and, in 1811, Avogadro proposed the principle that equal volumes of all gases contain an equal number of molecules. Dalton's formulation of the atomic theory prompted the Swedish chemist, Berzelius, to make an elaborate study of atomic and molecular weights, which he calculated for about two thousand substances. In the middle of the century, Mendeleev in Russia, and, independently, Mayer in Germany, announced the periodic law. This enabled chemists to predict the existence of chemical elements not yet identified.

One of the most significant contributions of chemistry to medicine came with the synthesis by Wöhler of urea in 1828. Until that time inorganic and organic substances were differentiated by the belief that while inorganic material might be prepared artificially, organic substances could only be formed as the result of vital force. Such substances as urea and uric acid were known and had been analyzed but it was thought that they could never be produced without the intervention of life in some form. This synthesis of urea, accomplished, as Wöhler wrote to Berzelius, "without the use of kidneys or animals for that matter," occupies a unique place in human thought. It demonstrated for the first time the possibility of synthesizing a substance elaborated by the organism. In the philosophy of the last century it had an effect comparable to "Darwin's theory of the origin of the species and Pasteur's demonstration of the parasitic origin of pestilence." It shattered the entire vitalistic conception and laid the foundation for the extraordinary developments in synthetic chemistry which have proven so epoch-making for medicine as well as for chemistry.

The chemical manipulation of the compounds of carbon, the field of work covered by the organic chemist, has led to the synthetic preparation of thousands of drugs. New ones are being added constantly. Among these the discovery of anesthesia stands out as a milestone which has been more conducive to the progress of medical sciences than has any other single development. Our knowledge of the mode of action of the individual organs and the body as a whole, in health and in disease, is due in the greatest measure to the discovery of anesthesia. Without it, physiology, biochemistry, pharmacology, pathology, and bacteriology would have remained for the most part barren speculative disciplines. Rival claims could not have been examined critically, for data could not be collected to decide for or against a given hypothesis, because of the torture which would prevent all but a very few from investigating the problem. Apart from this contribution to experimental medical science, it made surgery an art, technically easier and personally more agreeable. It spared the patient untold misery and anguish, reduced the operative risk, and hastened recovery. Modern surgery rests as much on anesthesia as it does on asepsis, and chemistry provides the agents on which both rest.

Modern Chemical Advances

The vast majority of the drugs produced by the organic chemist serve for the symptomatic relief of pain and insomnia. Their numbers are manifold and new ones are added at a rate which makes it almost impossible to keep pace with their development in one field alone. The application of these for the prevention and relief of distress needs no elaboration. The development and

growing importance of the highly specialized branch of chemistry which is concerned with the production of synthetic hypnotics provides an inspiring tale of scientific achievement, in which chemists and pharmacologists work in close collaboration to produce drugs which provide the maximum of hypnosis with the minimum of toxicity and habituation. From such investigations has arisen an entirely new science—that dealing with the relationship between chemical composition and physiological action. The application of this new knowledge cannot help but guide chemical therapeutics along sane channels. In the field of specifics, only one remedy has been produced so far. This was Salvarsan, Ehrlich's remedy for syphilis. Germanin, or Bayer 205, used in the treatment of African Sleeping Sickness may be another. The introduction of the sulfa group of drugs, which might also be placed in this class, has greatly influenced the course of many bacterial diseases. A new relative of this class, promin, holds forth some promise in the treatment of acute tuberculosis. One might also place the antibiotics in the category of specific drugs. Developments in this field are of such recent date that no recounting seems necessary. We now have two of these, penicillin and gramicidin, produced in such quantity as to be readily available for general use. A third member, streptomycin, bids fair to assist materially in the treatment of the white plague, tuberculosis.

Progress in these fields has been at such a pace that it has seemed to overshadow contemporary chemical research in other fields of medical interest. It comes as a surprise, therefore, to learn that Goebel has been successful in the production of synthetic antisera for types II, III and IV pneumonia. This opens a new and hitherto undreamed-of field in immunotherapeutics.

In immunochemistry we have an illustration in which medical science contributed to the development of a new field in chemistry. The original reactions of immunity were outlined to solve urgent problems relating to disease. The chemical significance of the reactions of immunity were not appreciated since they dealt with such complex mixtures of unknown constitution as bacteria, cells and serum that any chemical consideration was impossible. Then, too, Ehrlich's presentation, while pictorically satisfying, had no chemical significance. Even when Bordet pointed out the close similarity of the reactions of immunity to those of colloid chemistry, investigators remained unimpressed since they lacked the knowledge of the colloid chemists' point of attack. With the increasing availability of pure proteins to replace such complex materials as bacteria and cells in the study of immune reactions, the immunochemist and the immunologist, working in co-operation, can be expected to clarify many of the complex problems of both biological and colloid chemistry. One cannot help but feel that future developments in this field will lead to methods of protection against many diseases by the use of synthetic chemicals rather than by recourse to vaccines and immune sera. With improving knowledge the scope of chemotherapy in this field may be expected to widen.

Chemical Research and Malignant Disease

Chemistry has not only invaded the field of bacterial diseases but is making outstanding contributions in the elucidation of malignant processes. Up to the end of the last century, cancer research was confined to descriptive observations on cancer in man. Isolated reports of cancer in other mammals were ignored. Keen observers from time to time called attention to the association of cancer with certain occupations but speculation as to etiology provided no special clues. A remarkable exception was the keen observation of Percival Pott who in 1775 recognized the possible relationship of cancer of the scrotum in chimney sweeps and coal soot. Gradually there developed a knowledge that certain occupations carried a definite cancer hazard for those

engaged in them. This list has grown to considerable proportions. Promising leads for the study of cancer became available but their importance was minimized when Virchow focused the attention of investigators on the tissue cells which were supposed to undergo malignant transformation as a result of chronic irritation. The cell theory, later modified to attribute cancer to embryonic cell rests or to abnormal regeneration of injured tissues, further confused the issue.

More confusion came with the firm establishment of the parasitic nature of disease; and search for a specific infectious agent which caused cancer was instituted. This search is still being continued to some extent. Each of these attempts to explain the etiology of cancer had the weakness of over-simplicity. Real understanding did not come until the end of the 19th century when Claude Bernard's plea for controlled experimentation was heeded and applied to the problem. When experimental production of cancer in animals was first demonstrated by Yamigawa and Ichikawa in 1915, the trend of cancer research was shifted into the field of chemistry. In the fifteen years which followed, seven hundred papers dealing with the production of tumors by tar and tar products appeared in the literature. The great revival of interest in the etiologic factors was the direct effect of the brilliant researches upon the chemistry of the coal tars. Kennaway, who had worked for several years on crude pitches, oils and tars, concluded that the carcinogenic principle must be in the unknown compounds in the coal tar. While several hundred such compounds had been identified, only about one hundred had been isolated. Thus the chance of selecting the proper agent seemed well-nigh impossible. When Mayneard applied fluorescent spectroscopy to this problem, Kennaway's group were quick to notice the resemblance of the fluorescent spectrum of benzanthracene and one of their carcinogenic fractions from coal tar. The alert, prepared mind was thus ready to test the use of a purified chemical substance in the production of cancer. When positive results were obtained, it became just a matter of time until they were able to identify and isolate 3, 4 benzpyrene from the coal tar. Further investigation showed that the phenanthrene ring was common to all the carcinogenic compounds and it was pointed out that such a structure is present in many biological substances. At the present time about two hundred and fifty synthetic chemicals having carcinogenic properties are known.

The ease with which chemical carcinogenesis is produced has served to elucidate many problems in tumor histogenesis. It has been shown, for example, that tissue injury need not necessarily precede tumor formation—so that the term chronic irritation is no longer completely tenable. Research in chemical carcinogenesis has shifted the attention away from a search for structural changes and toward changes within the cell, from histopathology to cell biochemistry. The intracellular chemical changes which occur coincident with malignant change are now receiving major attention in many laboratories. The information which will accrue from these investigations promises to throw much light on cause and nature of malignant change. Already our ideas with regard to specificity have been altered. Thus methyl cholanthrene can produce malignant change in a great variety of tissues by producing permanent alterations in the cell physiology. The transmission of this alteration in intracellular physiology to all the descendants—a form of mutation—is still not clearly explained. There is evidence accumulating that this change can be produced in tissue cultures suggesting that carcinogenesis is the result of direct interaction between carcinogen and cell and has no dependence upon favorable systemic conditions.

Stanley's separation of a crystalline protein substance from the tobacco mosaic virus disease and Shope's more recent isolation of the rabbit papilloma virus which goes by his name may be the beginning of the

explanation. These proteins have the power to promote growth in tissues and are extractable from the processes which they have produced.

One of the most interesting developments in this field touches on the relationship between chemicals which are carcinogenic and some of the important dietary constituents such as cysteine and biotin and riboflavin. I recognize the danger of prophecy in this field, but cannot refrain from voicing the belief that this new lead will provide us with an entirely new concept regarding the etiology of cancer. Whether it will also provide us with a new method of therapy is beyond my prophetic power.

Chemistry and Medical Diagnosis

Chemistry provided not only new drugs but made possible great strides in medical diagnosis. Successful diagnosis depends to a large extent on the physician's ability to assemble and evaluate the evidence of disease. The history, the physical examination, and the laboratory investigation form an important triad in modern diagnosis. While it is true that most diagnoses may be achieved by a careful analysis of the history and prolonged and repeated physical examination, the interests of the patient are better met by carrying out in addition some laboratory procedures to test the chemical efficiency of the patient's organism. The steps which led to the development of chemical function tests are rather difficult to trace. The debt which medical progress owes to them has never been fully appreciated by the profession at large. Banting and his associates would not have isolated insulin so readily had they not had at their service a rapid chemical method by which the blood sugar could be estimated without sacrificing an animal for each test and waiting forty-eight hours for each report. Collip would have had great difficulty in obtaining parathormone if a simple accurate method for the estimation of calcium had not been elaborated first.

I have no intention of dealing with every chemical process related to disease. I do wish to choose one example to indicate how closely chemistry touches the problem of life and disease. Renal disturbances have been among the most baffling problems in medicine. It is only in recent years that, aided by chemical research and effort, rapid progress has been made. It is true that a real understanding of disease is dependent on an accurate knowledge of the mechanisms involved. It is equally true that efficient methods of combatting disturbances depend on a clear conception of the actual changes which have taken place and the cause of these changes. It took three centuries of continuous investigation to provide us with our modern ideas regarding the complex structure of the kidney. How the kidneys perform their work, while still partly unsettled, has been determined by studies directed along chemical lines. Anatomic and pathologic investigation formed the groundwork upon which chemical research into kidney function has been based.

The excretion of water, the elimination of salts and metabolites, the maintenance of acid-base equilibrium are all fine discriminating functions of the kidney which have been elucidated by studies fundamentally chemical in nature. Accurate quantitative determinations of excreted products are dependent upon the development of methods of quantitative chemical analysis. Studies dealing with the method by which the kidneys assist in controlling acid-base balance in the body depend on the use of sensitive indicator dyes. The introduction of such dyes into the living kidney made possible accurate studies of the part played by different structural elements in this important activity. Our knowledge of the mechanism of urine secretion we owe to the rapid development of that phase of physical chemistry which deals with the laws of membranes and surfaces, of filtration and osmotic equilibrium. These new methods of analysis and synthesis, new facts and basic physical laws, and new conceptions and theories, are all necessary for the final solution of the problem.

Chemistry and New Concepts of Disease

Chemistry not only provided us with new drugs and with methods of diagnosis, but also made possible new concepts of disease, such as glandular dysfunction and dietary deficiency. More than one hundred years ago, Berzelius advanced the idea that life phenomena were dependent upon the play of catalysts comparable to but different from mineral catalysts, the importance of which was already established at the time. Years passed without verification of his theory, but within the last twenty-five years, and more especially in the last few years, there have been discovered substances which play an important role in directing and controlling the development of living cells. Many of these vitamins and hormones have been isolated and produced synthetically by organic chemists. Before the chemists took up the challenge in these fields much of the work was of the "washtub variety." So intense was their application to the problem that in some instances they were able to present the structural formula of a substance and prepare a synthetic one before the natural one was isolated in pure form. They were even able to produce synthetic materials which have greater biologic activity than the corresponding natural ones whose activity they also enhanced.

The application of vitamins and hormones has yielded phenomenal results in the treatment of diseases of metabolism and nutrition. For this reason it is worth recalling that, prior to the present century, the concept of disease as a result of the lack of specific substances either in the diet or as a result of endocrine dysfunction was entirely outside of medical theory. The knowledge available did not make such a theory plausible. Diseases had been generally associated with positive agents, such as noxious vapors, toxic substances, infectious and parasitic agents. It was thought that there was but one kind of nutriment, termed "aliment," dissolved out of ingested food by the action of digestive juices. The term "protein" was not coined until 1839. Ignorance of the endocrine glands was so great that they were generally regarded as functionless vestigeal structures.

As in the treatment of other diseases, many empirical anticipations were made in the field of cures, the reasons for the success of which were unknown. Hippocrates treated night blindness with a decoction of liver, Cartier cured scurvy with the leaves and bark of the fir tree, and Lind prescribed lemon juice for the British navy. Seaweed and sea sponges were used effectively in the treatment of goitre centuries before the discovery of iodine. It is only within recent years that chemistry enabled medical science to solve the mystery of these cures.

The experience of medicine in discovering the cause of and cure for the nutritional and endocrine disorders is of such recent date that a recounting at this time seems unnecessary, except to point out that the phenomenal advances in this field are only part of the much larger pattern of advance in the study of general metabolism — study made possible by chemical progress in purification of biological substances and in methods of experimental biologic research. It may be safely assumed that pure chemistry has just about accomplished its task both in hormones and in vitamins. Biochemists and physiologists have pretty well determined the physiological function of these materials. The last and final step, that dealing with the mechanism of their action, is now receiving major attention from those versed in the methods of intracellular chemistry.

The Inter-Relation of Chemistry and Medicine

Other influences of recent chemical research upon medicine are so numerous that to recount them would require a survey of the entire field of medicine. The medical man is dependent upon chemistry for his reagents, for aniline dyes and vital stains, for preservatives and for the principle of specificity which is at the basis of immunology and serology.

Biophysics and biochemistry contributed the potentiometer and buffer solutions for measuring hydrogen ion concentration, the measure of vitality and metabolism, the technique for the measurement of osmotic pressure, and the accumulating data of colloid chemistry and crystallography in all its phases. Andral followed the examples of chemistry when he started to weigh fibrin and corpuscles and blood serum, and lately the significant developments in blood chemistry have transformed diagnostic procedures. The work of the chemist on the structure and chemistry of the sugars and on amino-acids established the basis for the work on carbohydrate and protein metabolism. Progress in chemistry affects progress in medical research. This is illustrated by the studies which followed Urey's separation of hydrogen isotopes. Deuterium (one of the heavy hydrogens) has been used experimentally as a chemical tracer in studying fat metabolism in animals, opening up in this way a vast new field that may contribute considerably to human physiology.

Specialism and Research

Medical scientists tend to set up a barrier which divides their knowledge from the rest of organized knowledge. The same is true of other sciences which set up arbitrary fences to keep their areas of influences separate. Bordering these dividing lines are zones little explored by the average scientist, since they appear a little too close to the territory of a science across the border. Yet the frontiers of every science are advancing until what was once well within the boundaries of one science is now the frontier of a specialty. Thus chemistry and physics encroached on each other's territory to the extent that physical chemistry was born. Physiological chemistry gave birth to biological chemistry and biophysical chemistry, to phytochemistry, to clinical chemistry, to psycho-biochemistry and so on. Each one of these specialties confines a field of knowledge sufficiently extensive to know much within it and little outside of it. The orthodox research worker limits his studies to problems well within the border. The uncertain frontier areas are studiously avoided. In this way the zones of knowledge bordering on the specialties have become an intellectual no-man's land.

Pioneer investigators have learned that the less-known territories along the frontiers of the specialties offer a fertile field for research. To equip themselves for exploring these areas they have trained themselves in more than one science. They are heedless as to whether they are classified as physicists or chemists or clinical chemists or chemical pathologists. The late Jaques Loeb was an excellent example, for when he was asked whether he was a physicist or chemist, he replied, "I am a student of problems." The primary concern of such a scientist is with the problem in which he is doing research. If it leads him across the border, so much the better, for the frontier holds opportunities for discovery. Specialized research has piled up multitudinous data and today there is need for correlating this information.

It has been said that medicine today needs frontiersmen—men who, from a knowledge of more than one branch of learning, can look across the border, find new meaning for the facts already discovered there, and work in co-operation with those who have long specialized in that field. Dr. Oliver Wendell Holmes said, "The recording of facts is one of the tasks of science, one of the steps toward the truth, but it is not the whole of science. There are one-storey intellects, two-storey intellects and three-storey intellects with skylights. All fact-collectors, who have no aim beyond their facts, are one-storey men. Two-storey men compare, reason, generalize, using the labors of the fact-collectors as well as their own. Three-storey men idealize, imagine, predict: their best illumination comes from the above, through the skylight."

Faith, hope and charity — these three; and the greatest of these is TACT.

Some Medicinal Plants

GEORGE H. HAMILTON, B.A., M.Sc.

IN 1938, the Niagara Parks Commission had a small herb garden constructed at the School for Apprentice Gardeners. While the war years inhibited the full development of this project, the small collection of herbs contained therein has attracted considerable attention. Visitors are always keenly interested in these plants, especially those which have some medicinal use. It should be noted, however, that all herbs are not used medicinally, because a true herb, by definition, is any plant which possesses some value for flavor, fragrance, or medicine. Nevertheless, experience has shown that it is the species which have been or are used to alleviate or cure man's ills that capture the interest and imagination.

HISTORY

How did man discover that some plants possessed properties that would relieve his physical pain and assist him in his recovery from illness? No one knows. It is a story which has its origin in his clouded antiquity and there can be no doubt that the method of trial and error permitted him to arrive at certain conclusions regarding the efficaciousness of certain plants in treating disease. Who can measure the mental anguish of the cave-man parent who, unable to bear the sorrowful cries of his suffering child, in his desperation rushed to the nearby jungle and grasped the first plant at hand with the hope that a poultice or infusion would offer some relief? No doubt, from experiences such as this, he learned to recognize that certain plants had medicinal properties. This knowledge passed on from generation to generation by word of mouth made up the pharmacopeia of man for thousands of years.

Because this method of learning was so slow, the remedies so few, and the suffering so great, it is no wonder that superstition for many years played an increasing part in his treatment of disease. We laugh at some of the ridiculous remedies that prevailed just a few hundred years ago, yet an understanding of the dilemma of the physician of that period reveals only the tragedy of ignorance.

It is not so long ago that the "Doctrine of Signatures" was accepted. This theory sprang from the belief that God had placed a sign on most plants to indicate their usefulness to man. Thus, species with heart-shaped leaves indicated some property which would cure heart ailments; while kidney-shaped leaves were beneficial for kidney conditions, etc. While this doctrine was held for many years, "the proof of the pudding is in the eating," and the results have finally given it the *coup de grâce*.

By the beginning of the twentieth century, herbs had fallen into such disrepute that herb gardens were regarded as, at best, a carry-over

Rue

Lavender

from the past. In the eighteenth century, every household devoted a part of the kitchen garden to growing herbs. Now there are practically none. What is the true picture of present-day appreciation of medicinal plants? While I can only give a layman's opinion, I believe that it may be stated as follows:

The medical practitioner: The doctor still makes use of a number of plant products in the treatment of disease. No longer does he grow or gather his own plants, but depends upon drug-houses for the manufacture of preparations which are pure and of a stated concentration. An examination of the pharmacopeiae of modern medicine reveals that the number of plant products in use in medicine is gradually decreasing, because of the discovery of more effective substitutes or, especially, through the synthesis of the valuable plant principle in a pure form. Nevertheless, he still depends on certain plant drugs and will continue to do so until more powerful or effective means of treatment are discovered. This does not in any way lessen his obligation to medicinal plants, nor should he despise this gift of nature. Most conspicuous in recent years has been the realization that often amidst the queer concoctions of the medicine man of the past there lies some valuable principle that is worth rediscovery, i.e., curare.

Horehound

The average man: Through education by way of the press, radio, and other means, the average man recognizes the value of the scientific approach and for this reason, for the most part, accepts the treatment of the modern physician. Yet it is sometimes disquieting to note how tenaciously some people in rural areas cling to the ancient beliefs. For instance, it is reported that several deaths occur each year through the use of "Tansy tea" as a spring tonic. How many people believe in the use of the hackberry to restore youth and virility? Sometimes, by way of conversation, it might be interesting to note how many of these ancient remedies are still held in high regard—so much so that I have decided to pass a few of these ideas along, in order that you may not be too strongly influenced when you encounter them. There is one important psychological fact which should not be overlooked — if the patient has sufficient faith in these things, then I can see no harm, in fact much good, in permitting

him to indulge in such treatment.

Medicinal Plants — Fact and Fancy

For your interest, I have selected certain herbs, around which interesting legends have been woven, which still are held in respect in some parts of Canada:

Dill (*Anethum graveolens*): A plant much to be feared because magicians and those people who possess the power to cast spells use this plant in making charms. In some parts of Europe, no bride would carry her bouquet without including a sprig of dill to ward off ill-luck.

Wormwood (*Artemisia absinthium*): It is used in France to make absinth liqueur, which once was almost a national drink. It has recently fallen into disrepute because it was found that habitual use tended to induce nervousness and depression. The ancient Romans believed strongly in its aphrodisiac powers, and even in more modern times the belief was held that if a maiden placed a sprig beneath her pillow at night or carried it behind her back she would marry the first man she met in the morning (unattached internes, beware!).

Caraway (*Carum, carvi*): In ancient times, it was thought that eating the seed promoted a good complexion and Dioscorides prescribed it for pale-faced girls.

Fennel (*Foeniculum dulce*): Many of our local Italians grow fennel for its fine flavor. It is often held that it has the power to strengthen sight.

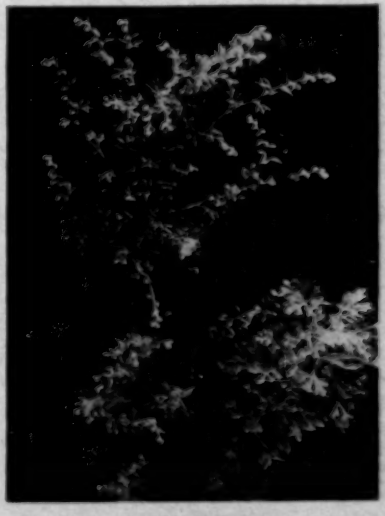
Lavender (*Lavendula vera*): Besides its ancient and modern use as a perfume, lavender should be used by all women because, according to legend, it has great power "to protect women from being beaten by their husbands."

Parsley (*Petroselinum sativum*): Besides its modern medicinal and culinary uses, parsley has an important place in legend. Just recently a visitor to the herb garden informed me that parsley has great power to prevent inebriation. This belief goes back to ancient Roman times when it was customary to wear chaplets of parsley to absorb the fumes of wine and thus delay drunkenness. (It would not be in good taste to visit friends carrying a sprig of parsley!).

Anise (*Pimpinella anisum*): Pliny stated that if it is suspended in the bedroom it will prevent nightmares and promote a youthful look.

Tarragon

Rue (*Ruta graveolens*): It is recorded that the odor of this plant is repulsive to most people, but some, it is said, are enthusiastic about its fragrance. I have yet to discover anyone who finds its scent or flavor agreeable. In fact, all are unanimous in stating that its smell is mildly nauseating. Yet, it is recorded that one of the ancient kings believed that it was an antidote to poisoning and would



Absinth

Spearmint

promote longevity, so ate some each day. One writer adds the comment that the king must have been very fond of life indeed.

SAGE (*Salvia officinalis*): The name of this plant suggests its early use to promote wisdom and memory. In some parts of the world it is said that when it grows well in a garden it is a sign that the woman is the ruler of the household.

TANSY (*Tanacetum vulgare*): First used in America as a preservative for the dead, later as an insect repellent for meats. It contains a virulent poison and should not be used internally.

It should not be thought that herbs are useless, but many have proven qualities worth knowing. The accompanying table gives the properties of some of the medicinal herbs grown at the Niagara Parks Commission's School for Apprentice Gardeners.

Common Name	*Botanical Name*	*Part Used*	*Medicinal Properties*
White Bedstraw	Galium mollugo	Stem and leaf	Decoction for a soothing foot bath.
Bergamot	Monarda fistulosa	Whole herb	Stimulant, carminative, rubefacient.
Boneset	Eupatorium purpureum	Leaf and flowering top	Gentle laxative, emeti purgative, used in catarrh and feverish colds.
Borage	Borago officinalis	Leaf	Gentle laxative, in catarrh, rheumatism, skin diseases.
Bugloss	Echium vulgare	Root	Astringent, blood purifier.
Butterfly Weed	Asclepias tuberosa	Root	Emetic, used in bronchitis, rheumatism, induces perspiration.
Catnip	Nepeta cataria	Leaf	In hot infusions as a sedative, and for feverish colds.
Foxglove	Digitalis purpurea	Leaf	Heart disease, dropsy, a narcotic, sedative, stimulant.
Garlic	Allium sativum	Bulb	Expectorant, rubifacient, diaphoretic in bronchitis, coughs, and colds. Antiseptic much used in war, the expressed juice diluted with water and applied with swabs of sterilized cotton to bring out boils and ulcers.

Common Name	*Botanical Name*	*Part Used*	*Medicinal Properties*
Horehound	Marrubium vulgare	Leafy top	An infusion for bronchitis, coughs, colds, in lozenges and candy, in jaundice and dyspepsia.
Hyssop	Hyssopus officinalis	Leafy top	In dyspepsia, coughs, and colds, a cathartic, induces perspiration.
Larkspur	Delphinium ajacis	Seed	(Poisonous) in asthma, for pediculi.
Lavender	Lavendula vera	Flower	Spirit of lavender used as a stimulant and carminative when diluted and sweetened, oil rubbed on skin for ticks, as nervine and antiseptic to swab wounds.
Lily-of-the-valley	Convallaria majalis	Root	As a heart stimulant, cardiac dropsy.
Mint	Mentha citrata	Leafy top	Infusion to produce perspiration, relief of nervous headaches.
Mugwort	Artemisia vulgaris	Whole herb	Epilepsy, tapeworm.
Mullien	Verbascum thapsus	Leaf	In cigarettes as a relief for asthma.
Parsley	Petroselinum hortense	Seed and root	To dispel fever, for kidney trouble.
Pimpernel	Anagallis arvensis	Whole herb	To produce perspiration, expectorant, nervine.
Poppy	Papaver somniferum	Seed pod	Juice is source of morphine.
Rose	Rosa	Flower	Astringent, eye lotions.
Rue	Ruta graveolens	Leaf	For worms, hysteria and colic; juice as disinfectant; bruised leaves for rheumatism, headache.
Sage	Salvia officinalis	Leaf	Gargle, astringent, vulnerary, nasal sores, expectorant, produces perspiration.
Snakeroot	Cimicufuga racemosa	Root	Sedative, expectorant, produces perspiration, in rheumatism, fevers, asthma, dropsy, St. Vitus Dance.
Tarragon	Artemisia dracunculus	Leaf	Scurvy
Thyme	Thymus vulgare	Leaf	Sedative, in bronchitis, whooping cough, indigestion, flatulence and coughs.
Wormwood	Artemisia absinthium	Leafy top	In fevers and rheumatism, anthelmintic, stomachic, antiseptic, (also liniments).

Coramine—A Life Saver

ELEANOR MACINTOSH

SINCE CORAMINE or nikethamide became available approximately fifteen years ago, thousands of scientists and clinicians have explored the possibilities of using, in certain well-defined emergencies, dosages of coramine higher than had originally been recommended. The results have been dramatic in that recovery has been achieved in desperate cases where all other therapeutic measures have failed. It, therefore, behooves us as nurses to become more familiar with the emergency uses of a "wonder" drug of such heroic value.

By chemical composition, coramine is known as a 25% aqueous solution of pyridine—B—carboxylic acid, and is of synthetic origin. This is just one of its numerous confusing chemical names, a few of which are as follows: Diethylamide of pyridine Z (B) carboxylic acid, diethylamide of nicotinic acid and N-N—diethyl nicotinamide. These names indicate coramine's close relationship to nicotinic acid. To make it more complicated for those of us not skilled in organic chemical formulae coramine is $C_5H_4N.CON(C_2H_5)_2$.

Despite these lengthy and complicated names, the pharmacology and administration of coramine are comparatively simple and toxicity is at a minimum. Any toxicity reported indicates that the higher motor centres may be stimulated by toxic doses. Experimental dosage in animals has been tried up to ten times the therapeutic dose before resulting in convulsions. Respiratory failure due to excessive stimulation of the respiratory centre would cause death. Since it is only in an emergency capacity that this drug is given in excessively large doses, the respiratory centre is in a state of depression at this time. It has been discovered that in these instances the toxicity is so low that the nurse need not have any fear about the large and repeated doses she may be called upon to administer. Small doses of 1.7 cc. or 5 cc. by subcutaneous and intramuscular injections are sometimes ordered in acute emergencies, but this dosage has recently been increased so that 5-15 cc. may be given intravenously and, in addition, 5 cc. introduced intramuscularly. If necessary, these doses are repeated after ten or fifteen minutes and again after fifteen or thirty minutes. Doses larger than 3 cc. require slow administration and careful watching of the patient, but it is suggested in these cases of extreme emergency that *it is often the last cc. which saves the patient.*

The absorption occurs in 15 to 30 minutes when given subcutaneously or intramuscularly, and effects are noted within a few minutes if given intravenously. Experiments on animals as well as recent clinical reports indicate that the chief action is on the central nervous system with direct stimulation of the depressed respiratory centre thereby improving respiration. This powerful effect on respirations leads to improved circulation, with increased oxygenation of blood and improved filling of the right heart cavities thereby relieving paroxysmal cardiac dyspnea in patients with cardiac failure who are both cyanosed and dyspneic. (According to the N.N.R. for 1946 this is no reason for use in chronic myocarditis, coronary thrombosis, coronary sclerosis or angina pectoris.) In cases of acute circulatory failure occurring in pneumonia or surgery as an emergency, peripheral vasoconstriction is increased and seems to be of benefit.

From available clinical reports, it is observed that the high doses of coramine produce striking therapeutic results in respiratory crises of morphine, barbiturate, paraldehyde, alcohol, lysol, carbon monoxide, and mushroom poisoning. Similarly, its analeptic action makes it useful in interrupting or controlling the depth and duration of basal anesthesia with

avertin. In these cases, coramine not only stimulates respiration but decreases narcosis by stimulating the cerebrum. As a rough rule for guidance, it is suggested that a patient who is stuporous but can be aroused will require about 5 cc. intravenously to fully awaken. If the patient is unconscious and respirations are shallow, either 5 or 10 cc. intravenously and 5 cc. intramuscularly, with the latter repeated in half an hour, will usually be adequate to awaken him. If the patient is even more depressed with reflexes absent and respirations irregular and failing, still larger doses must be given—either 10 to 15 cc. intravenously at once, or by repeating smaller doses at very short intervals. Since coramine possesses some depressant action in very large doses when using this drug it is important to try to make respirations adequate to carry patient through the dangerous phase of his depression, rather than to aim at achieving and maintaining respirations of normal rate, rhythm, and depth. A patient treated within fourteen hours of poisoning with any of the above drugs has an 80 per cent chance of recovery provided sufficiently large doses of coramine are used. If more than fourteen hours have elapsed the recovery chances are 50 per cent. In the latter condition, the patient may be saved by giving 100 to 120 cc. in 12 to 24 hours.

Other dramatic recoveries are reported in collapse following electric shock and stings or bites by animals carrying venom such as might follow an attack by a swarm of bees. In cases of drowning, coramine has proven so successful that it is a "must" for emergency kits at beaches and swimming-pools. In instances of prolonged anesthesia, coramine has been used, its value lying in the fact that it changes the deep unconsciousness of surgical anesthesia into light sleep while the pain sensations continue to remain absent. In this way, aspiration pneumonia has been prevented. The treatment of asphyxia of the new-born does not require large doses of coramine in the usual sense of the word; but, considering the weight of the infant, the 1 or 2 cc. administered are very large doses indeed. In these cases the injection is made into the umbilical vein about four to five inches from the umbilicus and the injection is stopped with the first gasp.

It is hoped that the future of coramine therapy will remain a bright one, and that there will be other possibilities of similar spectacular results such as in the treatment of the respiratory failure of the dread disease of epidemic poliomyelitis. At present the reports indicate that this failure may be prevented by sufficient doses of coramine repeated regularly at the beginning of the disease. With this heartening outlook in mind, we look ahead to the future, confident that patient research and clinical investigation will bear further fruit.

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The implementation of the Saskatchewan Hospital Act on January 1, 1947, provides public ward accommodation to all persons resident six months in the province on the payment of a fee of $5 a year, with a family maximum of $30.

The O.P.D. as a Teaching Field

JEAN MACTAVISH

THE OUT-PATIENT Department provides a fine opportunity for the student nurse to learn, if she is willing to avail herself of every chance that offers. This department acts as a kind of "feeder" to the hospital, in that it provides examinations and treatments for many patients whose illnesses are not severe enough to necessitate hospitalization. Many conditions are seen in the O.P.D. clinics which are seldom, if ever, seen on the ward in the hospital. The Outdoor should be a well-organized department, offering an active service in all branches such as medicine, surgery, pediatrics, gynecology and obstetrics, dermatology, etc. The importance of sociological conditions, in respect to various maladies, is also of interest and should be studied by the students.

Advanced students should be assigned to this service if they are to participate effectively in the program, both from the point of view of the community and the educational opportunities which the service offers. They should be able to utilize all the knowledge and skills they have acquired up to this time.

An ideal situation would be one in which the supervisor or head nurse could spend enough time with each student to teach her the preparation, assistance, and administration of the clinic, as well as the social aspect, and to teach them thoroughly. A nurse with executive and teaching ability and, if possible, special training in public health, and with a keen sense of the social and economic need of the patients, would be most suitable for this position.

In order that the student may derive the most benefit from her experience in the clinic, it is essential that there be a co-operative clinical staff. If the staff doctor thinks the student nurse is really anxious to learn, he will be much more interested in demonstrating unusual procedures and explaining unusual conditions which may arise. Another service the O.P.D. offers is the preventive program—administration of toxoids, anti-toxins, etc. The student may observe reactions and untoward effects that may take place. These are seldom seen on the ward.

It is essential above all for the student to remember that her patients are people with definite social responsibilities. A nurse may be able to do a treatment well, keep her ward in good order, or plan her work efficiently, but if she fails to show a sympathetic interest or understanding she is lacking in one of the greatest aspects she should offer in professional service.

A capable nurse is most essential in the smooth running of an outdoor department. It is all very well to tell a patient to follow a certain treatment or diet, but to make sure it will be carried out is another question. An illustration of this is seen in the supervision of the diabetic patient. He has to be taught the technique of administering his doses of insulin. He also must have an elementary grounding in the matters relating to his diet. In the interests of his own health, the student nurse might expect him to be concerned with all of the details. She must realize that the patient does not necessarily understand simply because she has told him what to do. The supervisor should check the student's teaching and show her how to strengthen it where necessary. In many cases a worker from the clinic will follow up these patients in their homes and help them with any problems which may come up. If the student is allowed to accompany the nurse on these home visits, she will learn to appreciate the patients as human beings. Patients who come into hospital are often under a certain tension and are not their normal selves. At the clinic and in their homes, the student can often assist

in discovering the true causes or relative causes of their troubles.

The opportunity to observe and recognize various pathological conditions in their early stages is provided in the outdoor department. A nurse needs to know how to recognize various diseases in the early stages, when the development may be arrested more readily and serious complications prevented.

As far as possible, all clinic teaching should be correlated with existing hospital services—e.g., prenatal care should be correlated with the inpatient obstetrical service. Thus the experience in obstetrics should, if possible, include a definite number of hours in the prenatal clinic, making contacts with patients who will be hospitalized during the student's obstetrical ward assignment.

The pediatric clinic gives the student an opportunity to observe normal children and to teach child hygiene to mothers. Home care of children may be further expanded through follow-up of those who have been hospital patients.

Altogether, the O.P.D. can prove to be one of the most beneficial departments to the student nurse from the standpoint of education. Each clinic will present many opportunities for teaching if closely analyzed. The resultant value so far as the student is concerned is almost immeasurable and they will be better nurses!

Why I Choose Nursing

PAULINE CAPELLE

IN common with others, I want to enjoy the abundant life. To me that means economic and social security with opportunity for growth. Is nursing the answer? Does it meet these needs? Let us analyze nursing in relation to these criteria and try to find out.

At present we have not yet achieved complete economic security, but we have made strides in that direction. Many hospitals and the majority of public health agencies have pension plans; and provision has been made for participation in health insurance projects which provide hospital and medical services in case of illness. Unquestionably salaries are still inadequate. However, since the principle of the certified bargaining committee has been accepted by the Canadian Nurses' Association, and its use is in the process of being implemented by the provincial associations, we may look for more favorable progress in that direction, provided, of course, that every nurse gives support to her association. Individually we must accept the fact that these are confused and critical times and that we can solve our common problems only by united thought, planning, and action.

Social security is the next topic for investigation and it is a tremendous one. However, for our purpose let us consider it (1) as the availability of those environmental and cultural factors which enable one to live graciously and (2) an assured place in the esteem and respect of our fellow human beings. Certainly the environmental and cultural factors in the life of the average nurse leave a lot to be desired. Living in residence has many drawbacks, while the nurse confronted with lack of adequate housing and exorbitant rents faces an even more discouraging situation. With the current acute shortage of nursing personnel, it behooves boards of directors to provide attractive housing at reasonable rents for their nursing staffs. Moreover, in the more remote areas, provision should be made for recreational facilities which will meet physical, mental, and cultural needs (i.e., a good library containing both fiction and non-fiction; a combination radio-phonograph with

well-selected records; provision for participation in various sports). Moreover, hours and working conditions should be such that the nurse, just as any other normal human being, will have the time and inclination to engage in such activities. As the turmoil of the present day subsides many of these conditions will tend to correct themselves. Nevertheless it is important that we know where undesirable conditions exist so that we may prepare for their amelioration as soon as possible. Here again we should be able to make use of our nursing organization as liaison agent to collaborate with employers of nurses to correct such defects.

As for our status in the community, surely no group is in a more happy position. With the exception of Sairey Gamp and her ilk, we have an ancient and noble lineage of which we can be justly proud. We hold our enviable position in community life because our professional ancestors met the challenge of human need and suffering. That challenge is still with us and we must meet it to justify our existence as a profession. Service is obviously a basic principle of living and it is only when we conform to that principle that we really live. Mrs. F. Heal, a former instructor at the University of British Columbia, expressed the thought aptly in the following words: "We all enjoy bedside nursing because it makes us feel a little bit like God."

Now for the final question: "Is there scope for growth in nursing?" One can truthfully answer that there are greater opportunities today than ever before. New fields are constantly opening up. For example: there is unprecedented expansion in public health; the increased demands for hospital and medical service continue to defy all efforts to meet them; an ever-growing body of medical knowledge requires highly trained nursing personnel; teaching, supervisory, and administrative positions in hospitals and nursing schools are begging for qualified people to take them, and the new World Health Organization challenges those interested in the international field. If we can't grow under such stimuli the lack lies in ourselves. Our nursing associations through placement service are making a real contribution to professional growth by endeavoring to place the right people in the various positions available. However, they will only achieve their utmost usefulness as they receive the support of every nurse.

Having surveyed the pros and cons of the situation let us now attempt to arrive at some conclusions. While nursing is not a lucrative profession and at present does not provide economic security, steps have been and are being taken to remedy this situation. Moreover, the remedy will come only through concerted action of all nurses working out their own problems through their own organizations. While many factors contributing to gracious living are not available to all nurses, we have an established position in the esteem and goodwill of the public. The unjust and unfair practices which exist in some instances can be remedied by making them known and negotiating with employing agencies for their amelioration. The bargaining agent of choice is, of course, our own nursing organization. Nursing unquestionably provides opportunity for growth.

True enough, "Rosie, the Riveter" or the woman who does housework by the hour may make more money, but money can't buy happiness; it has to be earned and nursing provides a unique opportunity to earn it. Nursing enables us to develop those aptitudes and skills whereby we can best serve our fellow-men and in so doing develop that which is best in ourselves. One believes that when first things continue to be first, the factors which are necessary to an abundant life will be won. Thus, I for one, choose to remain in nursing, knowing that as long as we retain our sense of values we will achieve the better conditions for which we are striving and at the same time maintain our professional integrity.

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

Poliomyelitis

MARGARET MCINTOSH

ANTERIOR POLIOMYELITIS or, as it is commonly known, infantile paralysis, is an acute systemic, infectious disease which may occur sporadically or in epidemic form. It is characterized by involvement of the central nervous system. Though the greater attention which has been focused on it for the past few decades gives the impression that it is a new disease, cases of sudden paralysis have been recorded in the literature since ancient times. In 1890, a Swedish physician launched the modern study by his observations of the various forms occurring during an epidemic. Its communicability was described by Wickman in 1906.

EPIDEMIOLOGY

Poliomyelitis is one of the most baffling of the communicable diseases. The mass of data assembled by the eminent scientists, who have been conducting research into the cause, seems to indicate that the disease is due to the action of a specific filterable virus. There appear to be several strains. Though apparently fairly resistant to chemicals, the virus is destroyed by heat.

Infection occurs almost universally though cases are more frequent in the cooler part of the temperate zones, with the highest incidence in late summer and early autumn. Children are considered to be more susceptible than adults, males being attacked more frequently than females usually in the ratio of three to two. No race appears to be immune though the incidence is sharply lower among Negroes.

A characteristic of poliomyelitis is that the severe epidemics appear to occur in waves or cycles of from twelve to fifteen years. This fact has been noted in Montreal with peak epidemics occurring in 1916, 1931, and 1946. There is no scientific evidence that the termination of an epidemic bears any relation to a sudden change in the weather such as a heavy frost.

It has been stated that, in an epidemic, cases occurred with greatest frequency in the age group under ten. Figures assembled following the outbreak in Montreal last year showed that this was substantially our experience:

1-4 years.....	29.4%
5-9 years.....	31.8%
	61.2%

An annual incidence of 10 cases per 100,000 population is considered ordinary. In general, one attack confers life-long immunity though a few authentic cases of a second attack have been reported.

TRANSMISSION

Poliomyelitis is spread largely by respiratory contact with an infected person. The virus probably enters the body by way of the nose or mouth. The possibility of transmission indirectly through water, milk or by insects, chiefly flies, cannot be com-

pletely disregarded though reliable evidence of spread by these means is lacking.

However, even in large families where there are countless opportunities for close contact and thus direct transmission, usually only one child will suffer from an attack. This suggests the probability of subclinical attacks so moderate that they do not present any of the customary symptoms but which are capable of stimulating the body to develop an immunity.

Symptomology

With a variable incubation period considered to be from seven to fourteen days, the onset is marked commonly by a low grade fever which may be accompanied by headache, nausea and vomiting, coryza, drowsiness alternating with irritability, etc. The principal symptoms observed during the last Montreal epidemic were: high fever, severe headache, nausea and vomiting, stiffness in the neck accompanied by irritability and very often pain and tenderness in the extremities. Gastro-intestinal disturbances were found in some cases.

The meningeal irritation leading to a general hypersensitiveness of the skin over the entire body and pain which accompanied movement of affected areas lasted from three or four days up to two weeks. In quite a large number of the cases no paralysis followed. In others, the paralysis remained at a certain stage for several weeks, then appeared to improve. The lessening of the paralysis continued gradually until, in many cases, normal muscle action returned and the case would be discharged. In a relatively small percentage of the cases the paralysis persisted.

Case-Finding

The Montreal City Health Department marshalled its forces quickly to meet the epidemic. Case-finding was carried on in co-operation with:

1. The family doctor.
2. The visiting nurses in voluntary and official organizations.
3. Clinics for well children as well as the hospital clinics.
4. Hospitals of the city and district.

As a result of correct information concerning the disease being given the public by means of pamphlets, newspapers, and radio, the citizens knew that prompt medical attention was needed on the appearance of the slightest symptom.

Pamphlets were issued by the City Health Department and gave such information as:

1. Description of the disease.
2. General advice for daily living with special attention to: (a) fresh air; (b) sunlight; (c) sanitation of foods, liquids—water and milk; (d) clothing; (e) household surroundings; (f) gatherings of children in public places and travel.
3. Instructions on the action to be taken at the appearance of any of the following symptoms: prostration, headache, nausea and vomiting, diarrhea, etc.

These pamphlets were available on request. Clinics distributed them and nurses on their visits to homes drew attention to them. Explanations were given when the occasion warranted it. Family doctors were most co-operative in sending suspected, as well as diagnosed cases, to hospital without delay. Parents telephoned health centres and clinics for advice. A nurse from the Health Department was immediately sent to the home to investigate. If there was a possibility of danger, a doctor from the Health Department staff was sent to the home. This case was kept under observation by this doctor until a family physician was called in. When the latter was called, contact was maintained by the Health Department to ensure medical supervision. If poliomyelitis was suspected and the family was unable to afford their own physician, the health officer would send the patient to a hospital for definite diagnosis.

Suspected cases were kept under observation for ten days before they were declared free of contagion. The household during this period was under observation until official notice declared the home free of contagion.

Control Measures

The direct prevention and control program might be listed under the following main headings:

1. The immediate reporting of all confirmed and suspected cases to the City Health Department. This report was followed by control visits made by members of the staff.
2. The immediate isolation of the suspected as well as confirmed cases.
3. On hospitalization of the patient, the home remained under quarantine for ten days. Persons earning their living were allowed to go out but the remaining members of the family were isolated from the community.
4. Food-handlers (individuals in contact with foods while earning their livelihood) were required to remain in quarantine for ten days.
5. If another case appeared and was hospitalized, the quarantine was extended ten days from the onset of the latter case. A nurse from the Health Department made visits to the home on the first, fifth, and tenth day to observe the health of the family and to give advice and instructions needed during this period.
6. When the patient remained *at home* a nurse from the City Health Department made a visit immediately on notification of the case by the family physician. On this visit a placard was placed in full view of the public where it remained for twenty-one days. If another case appeared in the family, the quarantine period was extended twenty-one days from the onset of the latter.

All members of the household were required to remain under quarantine unless they resided elsewhere during this period. In the latter case, they were kept under observation for ten days. Children were excluded from school for three weeks after contact with the patient.

All food-handlers were kept under strict quarantine for the twenty-one day period. If these persons changed their place of abode when diagnosis was made, they were required to remain from work for the period of ten days. Permits to return to work were issued by the Health Department.

The isolation of the patient was to be carried on in a clean, bare room screened against insects. Contact with the patient was to be made only by the person caring for him. Proper isolation technique was carried on by this person as well as the doctor and nurse in attendance.

Visits were made by the Health Department nurse at least four times during the quarantine period and more frequently if necessary. On these visits advice and instruction were given and might be listed as:

1. The manner and importance of proper isolation technique.
2. The concurrent disinfection of all articles in contact with the patient.
3. The elimination of all unnecessary dust.
4. The pasteurization of milk and the boiling of all drinking water as well as water used in the preparation of foods.
5. The proper cleaning of all foods eaten, particularly careful washing of all fruits and vegetables to be eaten raw.

The regular habits of eating, sleeping, and resting were carried on while the patient was in bed. Special attention was given to affected parts by keeping them in their normal position to prevent deformity. The limbs affected were kept at rest. Medication and treatment were given according to the orders of the attending physician.

The placard was removed at the end of the quarantine period and "return to work or school" notices were given by the Health Department nurse. Follow-up visits were made by the nurse after the quarantine period to give advice on general care. Instructions were given on such points as:

1. To carry out orders given by the physician.
2. To guard against fatigue of the affected parts as well as the whole body.
3. For normal, healthy living, adequate diet, sunshine, fresh air, sleep and rest.
4. To encourage the patient to attend clinics promptly on appointed dates.

Future plans were also made for education, and vocational guidance in cases of severe deformities.

In order to aid and support the work of the department, at the suggestion of Dr. Groulx, director of the

Department of Health, an advisory committee was set up to discuss ways and means that might be taken in the control of the disease. Points taken into consideration by the committee were:

1. Investigation into the number of known case as well as the rate of daily increase.
2. Investigation as to the possible sources of the disease and action for prevention and control of these sources.
3. The availability of hospital and trained personnel.
4. The need of equipment with which to carry on treatment of the patients. Endorsing the aid of such organizations as the Infantile Paralysis Fund, Red Cross, and other voluntary organizations.
5. Education of the medical group by way of lectures.

In the schools the teachers were informed of the seriousness of poliomyelitis. The need for strict observation of the slightest deviation from normal behavior was stressed. Any child not appearing well was sent to the medical office of the school where the nurse took the temperature and the child was sent safely home. A home visit was made that day and medical supervision was required by the family physician (or school medical inspector). This child was re-admitted to school only when an official notice declared no contagion present.

The school nurse was required to visit each of her schools daily. In this way children, reported to the principal in her absence, were visited in their homes. All classes were visited by the nurse and instructions were given on the rules of health. The need for sleep, rest, and the combatting of fatigue in play were stressed. The thorough cleansing of vegetables and fruits was explained and the general advice given publicly was again repeated in a more simple form.

Deserving praise should be given to the hospitals, especially Ste. Justine, Alexandra, Pasteur, and Children's Memorial, for their untiring efforts in this work. Nurses of the Health Department staff, as well as voluntary health agencies who were loaned to the hospitals, should be included in the above commendation. Individual help from all walks of life, including societies such as the Red Cross, etc., was sincerely appreciated. Supplies, such as woollen and flannel blankets, were donated by the public for use in hot packs. Reading material, toys for children were also received. Money for the carrying on of treatment for the underprivileged was raised by private agencies. Iron lungs were donated by companies through the generosity of employers and employees.

The co-operation of anxious parents, in reporting the slightest symptom of a patient, showed their desire to protect others as well as their own. The shining example given by this, a cosmopolitan city of a million and a quarter population, is one that will always remain with the residents of Montreal and the people of our country.

The author wishes to express her appreciation for advice and aid given to her by Dr. Laporte, Director of Child Hygiene, Montreal City Health Department; Dr. Gervais, Director of Contagious Diseases Division, Montreal City Health Department; and Miss M. Ritchie, Supervisor of Nurses, English Section, Montreal City Health Department.

Blood Test Survey

In line with a resolution passed recently at a venereal disease panel discussion, the National Social Hygiene Committee of the Health League of Canada has decided to conduct a survey of all Canadian hospitals to find out to what routine blood tests for the diagnosis of syphilis are performed on all admissions.

Also, a sample survey will be made in industry to ascertain to what extent pre-employment physical and clinical examinations, including blood tests, are provided.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

Transfers, Discharges, and Methods of Resigning

SISTER MARY BEATRICE, C.S.M.

THERE IT WAS on the superintendent's desk—another resignation! But so much better than most of them today!

Dear Miss Stuart:

I hereby place my resignation to be effective on July 31, six weeks from this date. When we came on the staff, we agreed to give one month's notice. I thought you would appreciate an extra two weeks' time. I expect to take a position in a hospital in Western Canada, mostly because I wish to see life outside my own province.

Before leaving, I wish to express my appreciation of the many courtesies extended to me by yourself and your staff. It has been suggested that nurses leaving the staff offer constructive criticism which might be of benefit to our successors. My opinion is that most graduate nurses prefer weekly rotation of "hours-of-work" rather than monthly rotation. Afternoon and night work would then be more favorably looked upon.

I wish to say, also, that a newly-graduated nurse, such as I was, can learn a great deal in this hospital. I am grateful to the heads of departments, supervisors, and others from whom I acquired much in the last two years.

(*Signed*) Teresa Boyce

Miss Boyce's resignation showed fine consideration of the employer's point of view. Are there situations in which a longer notice of resignation might be expected? Miss Stuart has another resignation from a head nurse in the pediatric ward. This head nurse had had her plans made some months before. In view of the fact that the hospital had given her a leave of absence to take a post-graduate course in pediatrics, and also because there were no other nurses available who had such a course, it would seem that this head nurse should, if possible, give three months' notice of resignation. During this time, another nurse might be at least partially prepared to fill the vacancy.

But what of the nurse who gives the superintendent one week in which to find a nurse interested in the vacant position—and who in turn must give notice before she is available? It is doubtful if there is real necessity for any of these short notices so prevalent today. The superintendent of the second hospital to which the nurse is going knows that the superintendent of the first hospital must receive fair notice of resignation.

The "unkindest cut of all" comes during vacation time! Suppose that the superintendent arranges—with the utmost difficulty these days—to give each graduate nurse a month's vacation. Towards the end of July she receives word that a nurse who is at the end of her vacation, and whose name was posted to relieve for vacations during August and September, is not returning, or will return to give one week's notice of resignation. Can

you imagine the superintendent's plight? There are right and wrong methods of resigning!

The Golden Rule would seem to be applicable to methods of resigning. But is the employee in this case capable of appreciating the difficulties of the employer? For example, a group of nurses decide to go east. Another group from the same staff decide to go south—at the same time. If notice is short in these cases, the hospital management will not be able to absorb the shock of disruption without some effect on the service to patients. This should be obvious to the nurses. But it may be difficult for them to understand that it is easier to replace a small number at short notice than a large number.

Can the word "resignation" be applied to the following case? Two nurses apply for positions in a hospital at a great distance. By correspondence, the applicants are accepted for a certain date and agree to report for duty. The hospital ceases its search for nurses for these two positions. When the nurses arrive, they are unfavorably impressed with the city—and possibly with the hospital. The first day consists of orientation. In the evening the nurses get together and decide that tomorrow they will tell the superintendent they are moving on to another city where they know they can obtain work. In vain the superintendent explains that she has no one to replace them. They know the other positions are open. They feel that officially a notice of resignation should not be demanded—because they are not long enough on duty to be considered part of the staff. Certainly a notice of resignation is required, but education on this point is apparently necessary for our nurses. The case mentioned is not imaginary—the writer knows of several.

Perhaps our younger or less experienced nurses have not had explanations as to the train of troubles which may follow an inadequate notice of resignation. We should like to appeal to all instructors and directors for their help on this problem. However, even in this day there are many wonderful nurses who are not only considerate but generous in the matter of vacations and resignations. These lend glory to the profession. An example comes to mind of a nurse who gave notice of resignation, saying, "..... but I shall stay until most of the vacations are over." Her name is held in benediction! We would recommend tangible proof of appreciation.

Discharges

In these days of better personnel policies and long-view personnel management, we like to think that all discharges are in the best interests of the person discharged, as well as the institution concerned. Probably no discharge occurs today which is not evidently a necessity. If the cause is inefficiency, which could be corrected, the nurse has the situation placed before her and is asked to improve, before steps are taken for her discharge. Failing to improve she is given one month's notice. The same procedure is taken for less grave moral offences. When the offence is more serious, a different procedure is usually followed. When definite proofs of a serious offence are available—or when it has been made public and is a direct violation of a known ruling—the hospital management usually decides to discharge the guilty party and to do it immediately. However, certain steps are taken. The nurse is told of the offence and its evidence; and is given an opportunity to state her side of the case. Failing to improve her position, she is usually paid in advance in lieu of notice for the same amount of time as would have been asked of her in notice of resignation.

Unless narcotics are involved, most superintendents are willing to help the discharged person obtain another hospital position as a "second chance" or rehabilitation. In the case of narcotics, work other than nursing may be better for a time. A busy superintendent of a large hospital should have a personnel director who would advise and help in such cases.

If the time should come again when

the supply and demand of nurses are more nearly equal than they are today, the question of discharges would loom larger on our horizon. Finer shades of efficiency would be watched for. Then, too, greater care would have to be taken to avoid superficial judgment of efficiency. Favoritism and aversions would have to be discounted. The nurse should always be given a chance to meet the standards required. She would have the right to demand the same amount of time of notice as is demanded of her in resigning.

Transfers

Transfers do occur in hospitals, but it appears as if they were kept at a minimum on the nursing staff. In other fields, such as the non-professional help in hospitals, effective programs have been carried out with (a) transfers of promotion, (b) transfers of demotion, (c) remedial or salvage transfers. (This latter is sometimes initiated because of difficult personalities, and sometimes helps to eliminate the too difficult.)

Perhaps some samples of conversation over shortage of specially trained personnel may bring out the possibility of transfers:

Characters: Miss Stuart, superintendent
Miss Low, director of school of nursing

Miss Stuart: Now that Miss Brown is leaving 3E and there is no other nurse that we know here with a post-graduate course in pediatrics, should we try Miss Green in there?

Miss Low: Miss Green was a good nurse when she had her experience as a student in the children's ward—but I am thinking of the ward teaching in there. I think Miss Black would be less timid. She could be trained to teach. Must we lose Miss Brown? Would an increase in salary keep her? Her post-graduate course puts her salary in a higher bracket.

Miss Stuart: Her salary is higher. A further increase would not hold her. Was she helpful in ward teaching?

Miss Low: Here are her weekly reports. Her records of this work were excellent. She was not accurate, however, about students' efficiency reports. According to her reports, her student nurses were almost always one hundred per cent perfect in everything. I did not succeed in teaching her that the purpose of them was the essential development of the student. She thought of them as old-fashioned, tell-tale affairs. I must do better with the next nurse in there.

Miss Stuart: Did you try teaching these head nurses in a group, during the ward teaching program last year, or was it all individual teaching?

Miss Low: Both. The individual teaching was resorted to when the group teaching was not quite adequate.

Miss Stuart: Must you do this every time there is a change, for example, in the Central Dressing Room, Nursery, at the clinics and in other departments?

Miss Low: Many of them are teaching — with good results — but have some difficulty about recording it on proper forms. Our difficulty is — too many young, inexperienced assistants.

Miss Stuart: If you can find out where each one is most efficient, and if she likes the work we shall try to hold them. We shall try Miss Black in 3E. There is to be a change also in the Tuberculosis Unit, Miss White is leaving, after five years. How was she at ward teaching?

Miss Low: Very good. However, we are fortunate there. You have another nurse who has had a post-graduate course in tuberculosis, and the same experience, and I think she will be very good in taking an interest in seeing that the students learn all that is to be learned on clinic days.

Miss Stuart: We are fortunate in that this nurse has agreed to transfer to Miss White's place. When you have time, show her your forms and explain them to her. Another problem: For some months we are going to be short a nurse on maternity. Miss Davis does not care to go there because she has not a post-graduate course in obstetrics.

Miss Low: I shall try to make her see that additional experience here is what she needs at the moment — that the supervisors will help her, and that she will be more valuable to any hospital after a few months.

Miss Stuart: We must try to get a more permanent person in the nursery. If possible it should be one with experience or a post-graduate course.

Miss Low: There is one girl on the graduating class who is quite determined to take a

course in pediatrics. She might be interested in 3E and the Well-Baby and Immunization Clinic. Perhaps it is a long way to look ahead, but there are also some going to take advanced work in obstetrics — one of these might be interested in our nursery. Last, but not least, unless we can find an additional instructor with qualifications we must improvise by taking some new graduate nurse to help.

Miss Stuart: If you fail to get a qualified person, how could you use a new graduate nurse to be most helpful?

Miss Low: At supervised study periods — a little help with ward teaching, or with school office work — or she might release one of us at times for these jobs. The best person would be Miss Day. She does good typing, and knows a few phases of the work.

Miss Stuart: I think it is a little too late to look for her, except in a temporary capacity. She is promised to the Central Surgical Dressing Room. Perhaps her ability could be used there in close direction and supervision of the students. You agree that much teaching is needed there?

Miss Low: (regretfully) Yes. I hope we can find someone with some preparation for our position. Probably the best way to meet these difficulties in future would be to try preparing people for certain jobs.

Miss Stuart: Yes. In general, there are disadvantages as well as advantages in transfers. A considerable amount of planning and adjustment is necessary. The person responsible for personnel direction must consider the advantage or otherwise to the nurse being transferred — also the supervisor whom she is leaving, as well as the supervisor to whom she is going.

In Memoriam

Martha Jane (Marriott) Clapp, a native of Hamilton, Ont., and a graduate of the Marine Hospital, St. Catharines, died on July 17, 1947. After graduation, Mrs. Clapp lived for a number of years in Buffalo.

Mary M. (Ray) Francis died in Winnipeg on July 21, 1947. Born near London, Ont., Miss Francis came to Winnipeg fifty years ago, graduating from the Winnipeg General Hospital in 1901. She had been a private nurse until her retirement ten years ago.

Mrs. Lucy D. Morgan died in Toronto on July 11, 1947. A native of Michigan, Mrs. Morgan graduated from Misericordia Hospital, Green Bay, Mich., coming to Toronto in 1912. She joined the St. Elizabeth Visiting Nurses' Association completing thirty years' service four years ago when she retired.

Laura A. Schwalm, a native of Hawksville, Ont., died on July 4, 1947, in Winnipeg. A graduate of the Winnipeg General Hospital, Miss Schwalm practised private duty for six years, later joining the Regina General Hospital staff. In 1918 she became a child welfare nurse with the Bureau of Child Hygiene, City Health Department, completing twenty-nine years' service with the department at the time of her death.

Jessie Penelope (Bonnor) Taylor died at Belleville, Ont., on June 17, 1947. A native of Sintaluta, Sask., coming to Carnduff in 1914, Mrs. Taylor received her B.A. from the University of Saskatchewan. Teaching school prior to entering the Winnipeg General Hospital, she graduated in 1938 with two scholarships. After attending McGill University she joined the teaching staff of her home school. Enlisting with the R.C.A.M.C., Mrs. Taylor went overseas with No. 20 Canadian General Hospital being awarded the Oak Leaf for distinguished service.

Alice Williams, a graduate of Women's Hospital, San Francisco, died on April 18, 1947, at Victoria, B.C. Miss Williams served during World War I with the C.A.M.C. in England and France. On her return to Victoria she did private duty and also served on the Nurses' Registry.

Preview

Many of us have seen the current film "I Know Where I'm Going." Do we have much idea of the directions in which nursing is heading? **Eleanor MacIntosh** of Toronto has prepared a thoughtful analysis of "Trends in Nursing Education" which points up many of the current developments.

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

Etude sur la Réhabilitation des Anciens Tuberculeux

LAURENTINE GERMAIN

Nous terminons par le travail que présente Mlle L. Germain, infirmière hygiéniste de la Metropolitan Life Insurance Co., une série d'articles sur la tuberculose. Nous avons voulu attirer l'attention de nos lecteurs sur la grande campagne anti-tuberculeuse, que poursuit actuellement le gouvernement de la province et aussi afin de voir ce que nous, infirmières, pouvons faire de constructif pour seconder ces efforts.

MALADIE SOCIALE, la tuberculose exige donc un effort de la société entière; la tâche paraît immense et elle l'est. Elle ne sera accomplie que si tout le monde — médecins, malades, familles, industriels, pouvoirs publics, éducateurs, etc.— s'unissent contre elle dans un effort concerté de compréhension, d'instruction, et de collaboration pour la réhabilitation des ex-tuberculeux.

Après les débuts difficiles du sanatorium, des perspectives d'incertitude et d'anxiété, moments où l'on croyait à tout jamais trancher les liens qui rattachaient au passé heureux, viennent les classements, présages de la guérison complète. On permet un travail léger, puis vient la première paye, quelle émotion!

Une école de réadaptation fut fondée il y a quelques années à Saranac Lake: le "Study and Craft Guild" s'en occupe. On offre au patient l'avantage de s'instruire, de développer ses facultés, puis la direction de l'école s'entend avec le médecin traitant. S'il accorde à son malade la permission de suivre les cours, on soumet ce dernier à un test d'orientation professionnel.

L'ecole "Study and Craft Guild" relève du département d'instruction publique des Etats-Unis. Les cours coûtent de 50 c. à $5.00 par mois. On les donne gratuitement à ceux qui sont incapables d'en défrayer le coût.

L'école de réadaption forme à tous les arts et métiers. On y donne aussi des cours de clinique ambulante anti-tuberculeuse, les cours théoriques durant six semaines et sont suivis de six autres semaines d'entraînement pratique dans une roulotte. On vise donc à choisir des techniciens parmi les anciens tuberculeux qui montrent des dispositions pour ce travail. Les hommes et les femmes suivent ces cours.

En 1941, l'école eut à faire face à certaines difficultés financières. La cantatrice, Grace Moore, de regrettée mémoire, dont le mari souffrait de tuberculose, donna un concert pour aider l'école qui, de ce fait, prit l'essor.

Ecoutons M. Benton Helligar, du service de réadaptation du Sanatorium Queen Alexandra, dans l'ébauche de son programme. M. Helligar insiste sur le fait que la réadaptation débute en réalité dès le jour où le malade est hospitalisé. A son avis, dans tous sanatoria un membre du personnel autre qu'un médecin devrait être chargé de cet important aspect du traitement. Dans certaines institutions américaines, cette tâche est

remplie par une personne s'occupant d'oeuvres sociales, tandis qu'à d'autres endroits il existe un comité dont les membres visitent les tuberculeux. Le comité se compose de convalescents qui, sous la direction du médecin, vont causer avec les nouveaux malades pour leur expliquer certain points de la routine sanatoriale.

L'une des diverses fonctions du préposé à la réadaptation est de s'occuper des problèmes du malade, afin de le soulager autant que possible des soucis qui peuvent nuire à sa guérison. Plus tard, lorsque le tuberculeux prend du mieux, surgit pour lui la question de savoir employer son temps. C'est alors qu'il a besoin des services d'un guide ou d'un spécialiste en thérapeutique professionnelle. Les programmes radiophoniques sanatoriaux, captés au moyen d'accoustiques, de même que les bibliothèques, peuvent être utiles à ce stade. Enfin, il faut un spécialiste de l'orientation professionnelle pour conseiller les malades dans le choix d'une occupation à sa sortie du sanatorium.

La réhabilitation ne va pas sans éducation; une des premières tâches qui incombent est de règlementer le surmenage scolaire, professionnel et moral, en même temps le sport que l'on pratique souvent d'une façon trop déréglée.

Pour aider les ex-T.B. divers mouvements se forment. Le Sanatorium de Sherbrooke offre son petit hebdomadaire "Espoir," celui du Lac Edouard, "Etoile du San," Montréal a sa "Croix de Lorraine," association qui aide à trouver, d'après la capacité physique et intellectuelle, un travail assez bien rémunéré à tous les ex-tuberculeux qui se présentent.

Son président, M. Euclide Simard, forme de beaux projets pour l'année à venir: *Fonder un refuge pour ceux qui n'ont aucune famille.* L'Honorable Henri Groulx projette la formation d'un comité de patrons d'honneur calqué sur le club St. Laurent Kiwanis; M. Monast, président de la Ligue Anti-Tuberculeuse, suggère d'inviter un conférencier, ancien tuberculeux.

Si les projets actuels se réalisent, la province de Québec disposera d'environ 1,200 lits de plus pour la tuberculose. L'Honorable A. Paquette a dressé les grandes lignes de quelques-uns des projets envisagés dans les cadres du programme de $10,000,000; entre autres choses, le gouvernement se propose de reconstruire l'Institut Bruchési de Montréal; ce qui donnerait environ 500 lits de plus. De plus on est à aménager deux nouveaux sanatoria à Gaspé et Dorchester et une aile à celui de Trois-Rivières; ce qui met à la disposition des tuberculeux plus de 400 lits. Il est clair que la plus grande partie de ces millions ira à la construction d'hôpitaux et de sanatoria afin de doter la province de Québec et principalement Montréal du nombre de lits suffisants pour répondre aux besoins. La situation est des plus intolérable. Les tuberculeux qui attendent leur tour pour entrer à l'hôpital en sont rendus à patienter en moyenne 52 jours.

On fait, avec raison, de la publicité à outrance sur ce fait que la tuberculose, prise à point et convenablement traitée, est facile à guérir. En conséquence le dépistage des tuberculeux a été fortement poussé. Mais c'est là qu'apparait tout le tragique de la situation. On imagine facilement l'angoisse du tuberculeux qui se sait malade, parce qu'on le lui a dit, qui sait en plus que ses chances de guérison diminuent en proportion du retard qu'il apporte à se soigner, et qui se voit condamné à attendre jour après jour, semaine après semaine, et mois après mois, une place à l'hôpital. Se soigner chez lui, dans la majorité des cas, est pratiquement une impossibilité dans les conditions actuelles du logement.

Si l'on regarde en arrière, on a raison d'être satisfait des progrès réalisés; il ne faut pas en rester là toutefois; la lutte continue avec un seul objectif—la victoire complète. Nos problèmes sociaux sont nombreux et urgents. Aurons-nous toujours des hommes (ou des femmes) d'énergie et de décision qui sauront prendre les mesures radicales et immédiates pour les solutionner.

Do You Want to Win Some Money?

CAN YOU PAINT? Can you draw? If so, will you pit your skill against your colleagues in the brand new *Canadian Nurse* poster competition?

Every two years the Canadian Nurses' Association has its convention. At that time, along with many commercial exhibitors, *The Canadian Nurse* has a booth which is visited by the majority of the nurses attending the convention. In order to attract as much interest as possible, good posters are very essential. It is in the hope of building up a useful collection of posters which can be adapted to *The Canadian Nurse* booth at provincial conventions as well as at the biennal that the *Journal* is sponsoring this poster contest. It is open to all nurses, both students and graduates. The competition starts now and closes March 31, 1948. Nine prizes of $15 each will be awarded for the best entry from each province. The best of the nine prize-winning posters will receive an additional prize of $15. All posters submitted become the property of *The Canadian Nurse*.

A committee of judges in Montreal will make the selection for each province. To simplify storage no posters should be larger than 24 x 36 inches. The posters will be judged on the basis of their artistry, their sales value, and their suitability for *Canadian Nurse* publicity work.

One suggestion which has already been received in this regard is that each hospital school of nursing should stage inter-class competitions with the best posters from this source being submitted for the provincial prize.

Think about it! Talk about it! Get busy! Let us make this poster competition an outstanding success. Some people are going to win this $150. Who will they be?

Well Done, Manitoba!

When the War Memorial Committee of the Canadian Nurses' Association first outlined the amounts required from each province to permit the full materialization of the Memorial plans to help rebuild the nursing libraries in the war-torn countries, the provincial representatives at the Executive Committee meeting gasped slightly, then passed the figures. The provincial nurses' associations swung into action and collections began. It was optimistically hoped that the sum of $32,000 could be collected by May 1, 1947. In April, the closing date was extended until December 31, 1947. If absolutely necessary, it can be further extended.

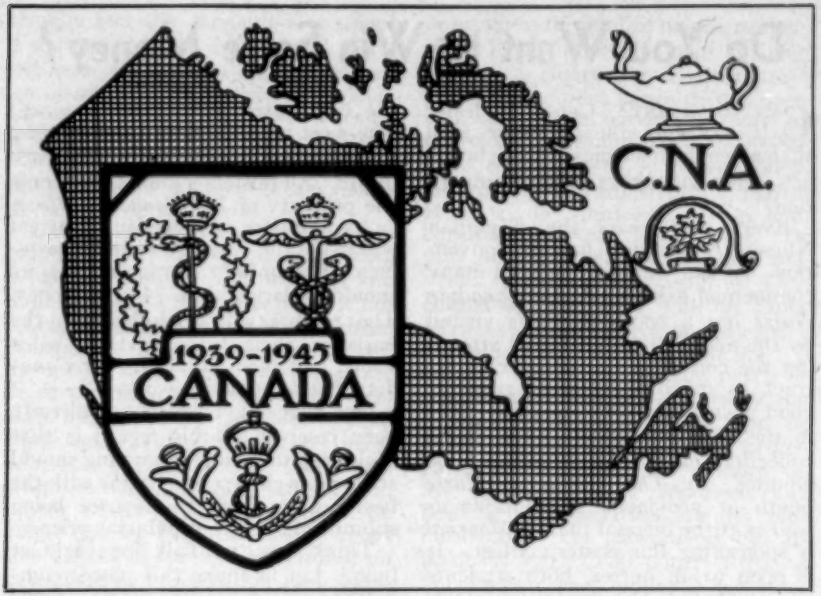
WHAT HAS BEEN THE RESPONSE?

Manitoba donations have climbed faster and proportionately higher than any of the other provinces. At September 1, 1947, the provinces, arranged in the order of the percentage of the original objective, had collected as follows:

Province	*Amt. Coll.*	*% of Objective*
Manitoba.....	$1,965.40	98.3
New Brunswick	679.35	75.5
Alberta.....	1,334.30	66.7
Saskatchewan..	743.54	46.5
Ontario.....	4,103.00	41.0
Prince Edward Island.....	80.00	40.0
Nova Scotia...	601.00	37.6
British Columbia.....	706.00	19.1
Quebec.....	480.50	4.8
Other gifts.....	16.00	
Total.....	$10,709.09	33.5

WHAT HAS BEEN ACCOMPLISHED?

On direction from the C.N.A. Executive Committee, the War Memorial Committee



In Tribute to
All Nurses Who Served in World War 11, 1939 - 1945
from the Nurses of Canada.

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has ordered over a thousand medical and nursing texts which will be sent as the first instalment of the libraries to the twenty-two countries which felt the impact of war most grievously. This purchase will use up most of the moneys which had been received up to July 1, 1947. A lot of books, you may say! Yet that purchase represents only fifty books to a country.

The accompanying illustration shows the book-plate which was designed for us by Miss Joyce Rea, R.N., of Vancouver. Embodying the insignia worn by the nursing sisters in the three services within the shield, the background of Canada represents the nurses in all parts of our land who have made this memorial possible by their donations. The book-plate will be affixed to the cover of each book before it is sent overseas.

The members of the War Memorial Committee were very gratified to learn that the fifty-two complimentary subscriptions to *The Canadian Nurse*, which had been donated for one year at the time of the biennial convention in 1946, have brought such eloquent responses. The committee extended each of these subscriptions for a period of three years.

What Next?

If you have already made your contribution to your provincial total, unite with your local committee in interesting others in subscribing. One dollar from every nurse in Canada would give the committee a wonderful sum to devote to this worthy purpose. So far, there are thousands of nurses who have made no donation. Help to interest each one of them. Nor does the giving need to be limited to nurses. Remember, donations may be deducted from Income Tax. Let us reach and pass our objectiye of $32,000 before the end of this year.

Please Remember — Give the *old* address as well as the *new* when making a change.

Notes from National Office

A New Adventure in Program Planning for the Biennial Meeting 1948

LAST WINTER National Office secretaries prepared a questionnaire designed to determine the interests of the members of the Canadian Nurses' Association. The response to this request was most gratifying. Nurses throughout Canada expressed their desire to participate in refresher courses of various types. "Let's have some workshops on nursing interests at our next biennial meeting," was the request of many nurses. These suggestions were conveyed to the program committee for the 1948 biennial meeting, which is to be held at Mount Allison University, Sackville, New Brunswick, on June 28—July 1, 1948.

Under the convenership of Miss Rae Chittick, president of the Canadian Nurses' Association, the program committee unanimously approved the acceptance of the suggestions submitted by the members of the Canadian Nurses' Association, and plans are now underway for nine workshops to be held for three mornings from 9 a.m. till 12 noon, beginning Tuesday, June 29, through Thursday, July 1. The subjects for discussion will include:

1. Counselling and Guidance
2. Labor Relations and Personnel Administration
3. Public Relations
4. The Adventures of Bedside Nursing
5. Newer Methods of Teaching
6. Tests and Measurements
7. Staff Education
8. School of Nursing of the Future
9. Job in Training Program

Experts who will also act in a consultant capacity are being invited to direct the workshops, assisted by two or three nursing leaders. Announcements concerning the personnel will be given in a later issue. Outlines to be used as guides for each workshop are now in the process of preparation and will be published in due course. For the reader's convenience we have prepared the following summary from available articles dealing with workshops:

Since workshops for teachers were started in 1936, the term "workshop" has become so popular that it is applied to everything from a summer session of full-time graduate work to a one-or-two-hour discussion meeting for Sunday School teachers.

Workshops have generally accepted the following characteristics. Many of the features are neither new nor unique but in a workshop they receive special emphasis:

1. Each participant has a special interest or a definite problem resulting from his own experience, on which all of his activities are focused. This approach is an adaptation of the case study and problem-solving methods with which nurses are familiar.
2. Participants share in the planning of individual and group activities which will contribute to the solution of their problems.
3. Resource persons and materials from various fields are readily available to all participants.
4. Emphasis is placed on an informal democratic relationship between participants and resource persons or consultants rather than the traditional teacher-student or supervisor-staff relationship.
5. It is recognized that each individual has a contribution to make and the experience and special knowledge and skill of group members are utilized. Informal discussions, exchange and pooling of experiences, and co-operative activities are encouraged.

6. Through work on a particular problem an effort is made to help the participant gain a broader perspective and better understanding of the basic principles involved.

7. The participant's experience in defining and analyzing one problem teaches him to recognize his real problems and attack them more effectively. Emphasis is placed on applying rather than on acquiring knowledge.

8. Participants learn to evaluate their own progress.

9. Emphasis is placed on socializing experiences which reduce tension and result in a balanced program in spite of intense and concentrated work.

10. Flexibility is necessary to provide for individual needs.

In order to obtain satisfactory results from a one-week period, more than the usual amount of advanced preparation must be made, including a tentative daily schedule, assignment of participants to groups on the basis of their expressed interests, and selection of a chairman and secretary for each group. Before completing plans the committee must determine the purposes to be achieved. The major purpose should be to provide an opportunity for those participating in the workshop to have experiences which would help them do better the work in which they were engaged and to demonstrate, through the workshop itself, the principles of supervision in action. Other objectives are to help the workshop members to: (1) increase their ability to recognize, think through, and work toward a solution of problems; (2) increase their ability to work co-operatively and productively in groups; (3) learn more about educational experiences and the best sources of information available to them in their particular capacities, and also to develop some ability in their effective use; and (4) to gain perspective of their roles in the total program of nursing.

For a workshop, staff members need broad knowledge and experience in their field and close enough contact with actual problems to be practical and realistic. They should be skilled in group leadership and in defining and analyzing problems, without dominating. They need enthusiasm, an experimental attitude, and a liking for people.

In considering the strengths of the workshop as an educational method, one must know the objectives of the particular group. The following strengths have been apparent in reports from various workshops:

1. Participants are motivated by an immediate problem which they recognize.

2. Sources of help are readily available and participants become acquainted with new resources.

3. Participants actually experience democratic leadership.

4. Participants gain experience in working co-operatively.

5. Participants plan their own activities and are not hampered by the requirements or limitations of specific courses or programs.

6. Participants learn a method of working toward the solution of problems.

7. Participants have time to concentrate and do intensive work on a specific problem.

8. Knowledge acquired is applied to a practical situation and material of actual value is produced.

9. Participants learn to evaluate their own progress.

10. Provision is made for social as well as educational experiences.

Registration: In order that discussion may have free play it is necessary to limit the number of participants in each workshop to a maximum of fifty nurses. It will, therefore, be necessary for the members to select the workshop in which they wish to participate at an early date and to notify National Office accordingly.

The registration fee for the 1948 general meeting will be **Five Dollars.** This will include mimeographed outlines for the workshops and the Canadian Nurses' Association folio of reports.

Local nurses who may wish to attend individual sessions may do so upon payment of a fee of fifty cents for each session attended.

For the purpose of arranging details concerning the biennial meeting, National Office secretaries motored to Sackville, New Brunswick, to visit

Mount Allison University early in July.

Our visit to Mount Allison University, where we met and conferred with Mr. N. A. Hesler, president of the Board of Governors, Dr. Ross Flemington, the president of the university, and Mr. J. A. Wheeler, secretary-treasurer, proved enjoyable and beneficial. Mount Allison is one of Canada's small but leading universities and has played a role in education out of all proportion to its size. All of those who busied themselves with its founding, and many of those who helped build and maintain its traditions, have long been silent. Great teachers have come and gone, yet their work goes on, for many hundreds of graduates have made noteworthy contributions to the life of Canada: some as college presidents, superintendents of education, judges of the Supreme court, Lieutenant Governors, members of provincial and Dominion Parliament, leaders in church and state, in scientific research and in the commercial and business life of the country.

Mount Allison campus is situated on a hilltop in the centre of the town of Sackville, New Brunswick, on the historic isthmus of Chignecto, the geographical centre of the three maritime provinces, and an area as rich in history as many of similar size in all North America. From its vantage point, Mount Allison overlooks the fertile marshes of the Tantramar, so beautifully depicted in the poems of Sir Charles G. D. Roberts, a native son on whom the honorary degree of Doctor of Literature was conferred by Mount Allison University in 1942. Nearby is old Fort Beausejour and the Fort Beausejour National Park and Museum.

The trim lawns and stately trees of the college campus, the university park with its lily pond and playing fountain, the ivy-covered college buildings of red sandstone, lend an air of gracious dignity to Mount Allison.

Residence accommodation is adequately provided in Hart Hall and Trueman House. The latter is the new men's residence and will serve as convention headquarters and will also accommodate the officers and members of the executive. Mount Allison Academy has been selected as the residence for the members of the nursing sisterhoods. Convention rates quoted at the time of visit to Sackville are as follows:

$3.50 to $4.00 per day for room and meals. Single meals vary from 50c to $1.00.

The Maritime Provinces present a vacation land without parallel. Plan now to spend your 1948 vacation attending the biennial convention and see for yourself the beauties of this countryside, and enjoy the hospitality of the Maritimes and the Maritimers.

Demonstration School

FIRST PUBLICLY announced in January, 1947, the plans for the independent school of nursing, sponsored by the Canadian Nurses' Association and financed by the Canadian Red Cross Society, are maturing rapidly. The director of this school, Miss Nettie D. Fidler, has spent a considerable amount of time surveying suggested centres. It was agreed that a hospital of between one and two hundred beds would be the most satisfactory from the point of view of size. Few hospitals of that capacity could be found which did not already have a school of nursing established.

The Metropolitan Hospital, Windsor, which has been selected as the clinical centre, is a fine, modern hospital of 125 beds. In addition to the services which are available there, the school will be able to utilize the facilities of the Essex County Tuberculosis Sanatorium in Windsor and affiliation will also be provided in psychiatric nursing at the Ontario Hospital.

Under the tentative proposed curriculum, the students will be fully grounded in both theory and practice. Adequate opportunity will be provided for them to acquire all of the necessary nursing skills. The course which is being planned provides for a

three months' probationary period; four months in medical services, including diet kitchen; four months in surgery, including operating-room experience; three months in psychiatric nursing; four months in obstetrics and pediatrics; four months in services connected with communicable diseases, tuberculosis, and public health nursing; to complete the training a period of experience as seniors in ward administration will be provided. A vacation will be planned for all students each year.

The first class will enter the school early in the new year. It had been hoped to have each class start in September. Since negotiations were only completed in August, it was impossible to have the first class commence until January. However, it is planned to admit the second class in September, 1948. Application may be made now for either of these classes to Miss Nettie D. Fidler, Canadian Nurses' Association, 1411 Crescent St., Montreal 25.

The Canadian Red Cross Society has pledged financial support for this demonstration school for a period of four years. The Ontario Nurse Registration Branch has given its assurance that the graduates from this shortened course will be granted full registration status. The whole country will watch this demonstration with interest as they scientifically study the proposition of how long it takes to train a nurse under as nearly ideal conditions as can be provided.

Notes du Secrétariat de l'A.I.C.

UNE INITIATIVE DANS LA PRÉPARATION DU PROGRAMME DU CONGRÈS BIENNAL

Au cours de l'hiver dernier, le secrétariat national préparait un questionnaire afin de savoir ce qui intéressait les membres de l'Association des Infirmières du Canada.

Les réponses reçues furent très satisfaisantes. Les infirmières à travers tout le Canada exprimèrent le désir de suivre des cours post-scolaires (refresher courses) variés. "A notre prochain congrès biennal ayons des cercles d'études sur des questions intéressant les infirmières" telle fut la demande de plusieurs.

Ces suggestions furent envoyées au comité du programme du congrès biennal de 1948, qui sera tenu à l'Université de Mount Allison, Sackville, Nouveau-Brunswick, du 28 juin au 1er juillet.

Le comité du programme, dont la convocatrice est la présidente de l'A.I.C., a accepté les suggestions soumises par les membres de l'association et l'on est à préparer neuf cercles d'études. Durant trois matinées de 9 à 12 heures du mardi, 29 juin au jeudi, 1er juillet, ces cercles étudieront les questions qui leur auront été soumises tel que: (1) Orientation et direction; (2) relation du travail et administration du personnel; (3) relations extérieures; (4) expériences en service privé; (5) nouvelles méthodes d'enseignement; (6) épreuves et mensurations psychiques; (7) enseignement du personnel; (8) l'école d'infirmières de l'avenir; (9) expérience spécialisée acquise en occupant certaines positions.

Des spécialistes seront invités, à titre de consultants, à diriger ces cercles d'études; ils seront aidés dans leur travail par deux ou trois infirmières réputées dans la profession. L'on publiera dans un prochain numéro le nom de ces personnes. Des données générales pouvant servir de guide à chaque cercle d'études sont en préparation et seront publiées en temps et lieu.

Pour la satisfaction des lecteurs, nous avons préparé le résumé suivant sur des articles concernant les cercles d'études:

Les institutrices se sont réunies en cercle d'études en 1936 et depuis ce temps le terme cercle d'études (workshop) est devenu si populaire qu'il s'applique aussi bien à un cours d'été donnant droit à un certificat qu'à une discussion de quelques heures.

Les cercles d'études sont souvent caractérisés par les traits suivants. Bien des sujets à l'étude ne sont ni nouveaux, ni uniques, mais une nouvelle importance leur est donnée au cercle:

1. Chaque membre a un intérêt particulier ou un problème bien défini, résultat de son expérience, sur lequel il concentre tous

ses efforts. C'est un peu comme une histoire de cas ou la solution d'un problème posé, méthodes d'enseignement familières aux infirmières.

2. Chaque membre a son mot à dire dans la préparation du travail du groupe ou dans le travail assigné à chacun d'eux, afin de trouver la solution du problème à l'étude.

3. Des hommes de ressources dans tous les domaines peuvent être consultés par les membres et toutes sortes de renseignements sont mis à la disposition de tous.

4. Les réunions se font sans aucune formalité entre les membres consultants et experts. Les relations sont démocratiques; il n'y a pas cette attitude traditionnelle de maître et d'élèves.

5. Il est reconnu que chaque membre a une contribution personnelle à faire, les connaissances, l'expérience et l'habilité personnelles sont utilisées, le travail en co-opération est encouragé.

6. En travaillant à un nouveau problème l'on s'applique à faire voir aux membres un point de vue plus large de la question et à faire mieux comprendre les principes qui s'y rattachent.

7. L'expérience que les membres acquièrent en définissant et en analysant un problème leur enseigne à reconnaître leurs propres problèmes et à les résoudre avec efficacité. L'on insiste sur l'application des connaissances plutôt que sur l'acquisition de nouvelles connaissances.

8. Les membres apprennent à évaleur leurs progrès personnels.

9. L'on insiste sur les expériences communes, ce qui facilite l'exécution d'un programme bien préparé même si il est chargé et si le travail est intense.

10. Le programme doit être exécuté avec souplesse afin de répondre aux besoins de chacun.

Pour obtenir des résultats satisfaisants d'une semaine d'étude, il faut que la préparation soit plus élaborée que pour la réunion ordinaire d'un cercle. Cette préparation doit comporter le programme quotidien d'après l'intérêt de chacun, la formation des groupes, le choix d'un président et d'un secrétaire pour chaque groupe. Le but que l'on veut atteindre doit être déterminé avant que le programme soit completé. Le but principal devrait être de fournir à ceux qui prennent part à ces réunions d'étude des expériences qui les aideront à faire mieux leur travail, et de démontrer même lors des cercles d'étude l'application pratique des principes de surveillance.

Les buts secondaires sont d'aider les membres du cercle d'étude à: (1) Reconnaître avec plus d'habilité leurs problèmes, à les analyser avec plus de soin, et à travailler à leur solution. (2) Les rendre plus aptes à travailler en groupes et à produire en commun. (3) Apprendre à mieux connaître les expériences éducatives et les sources de renseignements pouvant convenir aux membres du cercle et aussi leur apprendre à s'en servir avec succès. (4) Voir, sur son vrai jour, dans l'ensemble des buts à atteindre par la profession, le rôle que chaque infirmière, membre du cercle, a à jouer.

Les membres dirigeants du cercle d'étude doivent avoir une connaissance et une expérience profonde du sujet qu'ils ont à traiter et doivent être suffisamment au courant des problèmes actuels pour pleinement les réaliser et être pratiques dans leurs solutions.

Ils doivent être habiles à conduire un groupe à définir et à analyser un problème et celà sans dominer. Ils ont besoin d'enthousiasme, d'un désir d'expérimenter, et d'amour pour leurs semblables.

Si l'on considère la valeur d'un cercle d'étude comme méthode d'éducation, l'on doit connaître le but que chaque groupe se propose d'atteindre.

Voici quelques traits saillants tirés de différents rapports de cercles d'études:

1. Les participants sont stimulés par la présentation d'un problème actuel qu'ils reconnaissent facilement.

2. De l'aide est immédiatement mise à la disposition des membres et de nouvelles ressources leur sont indiquées.

3. Les membres participant au cercle expérimentent une direction démocratique.

4. Les membres acquièrent de l'expérience au point de vue de travail d'équipe.

5. Les membres décident d'eux-mêmes de leur travail et ne sont pas genés par les exigences d'un programme ou d'un cours déterminé.

6. Les membres apprennent des méthodes de travail les amenant à solutioner leurs problèmes.

7. Les membres ont le temps de concentrer leurs efforts et faire un travail intensif sur un problème déterminé.

8. Les membres apprennent à évaleur leurs progrès personnels.

9. Les connaissances acquises sont appliquées à une situation d'ordre pratique et

des points de vue de valeur sont exprimés.

10. Des dispositions sont prises pour assurer aux membres une expérience sociale et éducative.

Enregistrement: Afin que la discussion puisse se faire librement, il est nécessaire de limiter le nombre des membres de chaque cercle d'étude à cinquante infirmières. Il sera donc nécessaire, pour les membres, de choisir prochainement le cercle d'étude auquel elles veulent prendre part et prévenir le secrétariat national.

L'inscription au congrès de 1948 sera de $5.00; une copie de données générales sur les cercles d'étude et une copie des rapports de l'A.I.C. seront données à chaque infirmière inscrite.

Les infirmières de la ville pourront s'inscrire pour une séance du congrès en payant 50c. pour la séance à laquelle elles assisteront.

Afin de faire les arrangements nécessaires pour l'organisation du congrès biennal, les secrétaires du bureau national se sont rendues à Sackville, N.B. et ont visité l'Université Mount Allison au début de juillet.

Lors de notre visite à cette université nous avons rencontré M.-N. A. Hesler, président du bureau des gouverneurs, le Dr. Ross Flemington, le président de l'Université, et M.-J. A. Wheeler, le secrétaire-trésorier. Cette entrevue a été agréable et utile. L'Université Mount Allison, bien que l'une des plus petites, a joué un rôle important dans l'éducation et son oeuvre ne se mesure pas à sa taille. Tout ceux qui se sont occupés de la fondation de cette université et plusieurs parmi ceux qui ont travaillé à établir et à maintenir ses traditions sont depuis longtemps disparus.

De grands professeurs ont passé par ses murs, néanmoins, leurs oeuvres demeurent et des centaines de leurs élèves ont contribué de façon notoire à enrichir la vie du Canada, quelques-uns comme président de collège, directeur des études, juges de la cours suprême, lieutenants-gouverneurs, membres des parlements provinciaux et fédéral, comme chefs dans le clergé, l'état, les sciences, le commerce, et l'industrie du pays.

Les terrains de l'Université de Mount Allison s'étendent sur une colline au centre de la ville, dans l'isthme historique de Chignecto. Au point de vue géographique Sackville est le centre des trois provinces maritimes, terre riche en souvenirs historiques. Le Mount Allison domine les marais fertiles de Tantramar, si merveilleusement décrits dans les poèmes de Sir Charles G. D. Roberts, un fils du pays, qui s'est vu conféré le titre honorifique de docteur en littérature par l'Université Mount Allison en 1942. Tout près de là, on trouve le vieux Fort Beauséjour, le parc national Beauséjour, et le musé.

Les pelouses bien entretenues, les arbres majestueux, les jardins avec leurs bassins de nénufars, le lierre couvrant les pierres rouges des murs—tout rend à donner un air de gracieuse dignité à Mount Allison.

Le "Hart Hall" et le "Trueman House" seront les logements mis à la disposition des congressistes. Le "Trueman House" est la nouvelle résidence des étudiants. Elle logera les quartiers généraux de l'A.I.C., les officiers et les membres du comité exécutif.

L'académie Mount Allison sera mise à la disposition des religieuses infirmières. Lors de notre visite à Sackville, les prix courants pour chambres et pension étaient de $3.50 à $4.00 par jour. Le prix des repas variait de 50 c. à $1.00.

Les provinces maritimes sont un endroit de choix pour les vacances. Préparez-vous dès maintenant à passer vos vacances en assistant au congrès biennal, admirer à la beauté de ce paysage, et à goûter l'hospitalité du pays et de ses habitants.

Ecole d'Infirmière Indépendante

Pour la première fois en janvier, 1947, le public était informé du projet d'une école d'infirmière indépendante, sous la direction de l'A.I.C., et dont les frais seraient assumés par la Croix-Rouge canadienne, ce projet semble à la veille de se réaliser. La directrice de l'école, Mlle Nettie D. Fidler, a consacré beaucoup de temps à visiter les endroits suggérés. On était d'accord qu'un hôpital d'environ 100 à 200 lits serait le mieux approprié au point de vue nombre de lits. Il était assez difficile de trouver des hôpitaux de cette dimension qui n'avaient déjà une école d'infirmière.

La Metropolitan Hospital à Windsor a été choisi pour l'expérience clinique. C'est un bel hôpital moderne de 125 lits. En plus du champ clinique offert par cet hôpital, l'école pourra utiliser toutes les facilités qu'offrent le sanatorium anti-tuberculeux du comté d'Essex et le hôpitaux mentaux de l'Ontario.

D'après le programme d'étude proposé les élèves recevront une base solide, en théorie et en pratique. Toutes les occasions seront données aux élèves pour apprendre toutes les techniques nécessaires aux soins des malades.

Le cours que l'on est à préparer comporte trois mois de cours préliminaire; quatre mois en médecine avec expérience en diététique; quatre mois en chirurgie, avec expérience à la salle d'opération; trois mois en psychiatrie; quatre mois en obstétrique et en pédiatrie; quatre mois en maladies contagieuses, tuberculose, et en hygiène publique. On verra aussi à ce que l'élève, à la fin de son cours, acquiert une expérience en administration. On se propose de donner des vacances aux élèves chaque année.

La première entrée aura lieu au début de l'année 1948. Nous espérions pouvoir faire l'entrée en septembre mais comme toutes les ententes ne furent completées qu'en août il sera donc impossible de recevoir des élèves avant cette date. Les demandes pour suivre ce cours peuvent être faites à Mlle N. D. Fidler.

La Croix-Rouge canadienne s'est engagée à entretenir cette école de démonstration durant quatre ans. L'Association des Infirmières enregistrées de l'Ontario a assuré que les diplômées qui auront suivi ce cours abrégé recevront leur enregistrement au même titre que les autres.

Le public surveillera cette expérience avec intérêt. Elle a pour but d'étudier, d'une manière scientifique, combien de temps il faut pour former une infirmière dans un milieu aussi parfait que possible.

Annual Meeting in Nova Scotia

The thirty-eighth annual meeting of the Registered Nurses' Association of Nova Scotia was held in Halifax, N.S., on June 11-12, 1947, the hosts for the occasion being the Halifax Branch. All branches were represented, there being an attendance of approximately 110. The invocation was delivered by Rev. Mons. Burns, St. Mary's Cathedral, Halifax. His Worship, Mayor J. E. Ahern, addressed the meeting and extended a most cordial welcome on behalf of the city of Halifax to all delegates. The president, Lillian Grady, presided at all meetings and in her opening remarks stressed the present nursing shortage and the steps which are being taken to alleviate this crisis, and called upon all members to recognize the responsibility to set up and maintain standards adequate to meet these needs. Mimeographed folios, containing reports of all branches and special committees, were distributed to all members in attendance. Many favorable comments were received respecting this procedure. Programs were supplied to each member present by courtesy of the Halifax Branch.

A library booth was erected in the assembly room by the Library Committee in which the latest textbooks and other literature dealing with the profession were on display. These books were loaned for the occasion through the courtesy of J. B. Lippincott Company.

The proceedings of the first day were entirely devoted to discussions dealing with the business and financial affairs of the association. A resolution was introduced and passed which will hereafter fix the membership year and the fiscal year of the association as ending on the thirty-first day of December in each year, beginning with December 31, 1948. A resolution was also introduced and passed giving effect to an amendment to the by-laws by which the Public Health Section, the General Duty Section, and the Hospital and School of Nursing Section will hereafter correspond with committees as set up by the Canadian Nurses' Association. Authority was given to the Legislative Committee to proceed with the drafting of a Nurse Practice Act to include both the professional nurse and the nursing attendant, the final draft of the proposed act to be submitted to all branches for their approval before being presented to the Legislature.

The annual dinner of the association was held at the Nova Scotian Hotel on the evening of June 11, approximately 120 being present.

The proceedings of the final day were taken up with reports of sections, standing and special committees, and the election of officers for the ensuing year.

The president, who was the delegate of the association to the I.C.N. Congress, presented an interesting and informative report of the proceedings of the Congress.

An invitation has been accepted to hold the next annual meeting in Antigonish.

NANCY H. WATSON
Registrar, R.N.A.N.S.

Annual Meeting in Quebec

The twenty-seventh annual meeting of the A.N.P.Q. was held in the Windsor Hotel, Montreal, May 26-27, 1947. The first morning session featured reports from the eleven district associations, three of which contain two chapters organized on a language basis. Lunch with the Committee of Management followed the morning session. This was entirely informal and friendly and there were no speakers.

At 2:30 p.m. the general meeting was called to order by the president, Miss E. C. Flanagan, and officially opened by Dr. Vidal speaking for the provincial Minister of Health. Dr. Vidal delivered a stirring appeal on behalf of the campaign to eradicate tuberculosis and emphasized the need for more co-operation on the part of the nurses of our province. Dr. Marc Trudel, president of the College of Physicians and Surgeons of the Province of Quebec, and Dr. Adélard Groulx, director of the Montreal Department of Health, welcomed the delegates.

Miss Flanagan and the Rev. Sisiter Valérie de la Sagesse responded to the addresses of welcome, following which a special vote of thanks was unanimously extended to Miss Flanagan on behalf of her services to the association, which she has served as president during the past seven years. In her presidential address which followed, Miss Flanagan presented a challenge and outlined the individual nurse's responsibility in regard to future professional developments.

The reports of officers, sections, and special committees, having been produced in folio form and distributed among the members, greatly facilitated matters, saved time, and promoted interest generally. The Committee on Legislation, under Miss Flanagan's chairmanship, presented proposed amendments to the association's by-laws, which bring them into line with the requirements of the new licensing Act. Miss Vera Graham, as chairman of the Committee on Auxiliary Nursing Workers, reported that a Bill to cover the preparation and service of all auxiliary nursing workers is in course of preparation. Refresher courses and special studies were reported by the Hospital and School of Nursing and Public Health Sections. There were no reports from the General Nursing Section.

The presentation and adoption of further reports, including the Official School Visitors, Board of Examiners, Committees on Labor Relations and Health Insurance, together with the report of the secretary-registrar, filled the agenda during the evening session.

The attendance at these two business sessions was only fairly good—not good enough if the problems of the day are to be solved and the difficulties of our time are to be overcome. The average nurse continues to move in a state of apathy—so long as there is a "George" to do things.

As is customary, programs covering the second day were arranged by the two language groups to meet their specific interests and needs. The English members concentrated on "Polio" in the afternoon, when Dr. H. B. Cushing discussed "The Early Aspects of Poliomyelitis" and Dr. W. G. Breckenridge "Later Aspects of Poliomyelitis and Other Orthopedic Treatments."

Following this session a buffet supper meeting brought together the directors of nursing and members of the Examining Board, the discussion being on "Special Services in the School Curriculum and Student Affiliation." Miss Kathleen Connor, of Alberta, gave a brief outline of the plan for affiliations in Alberta, which was greatly appreciated. A follow-up of the healthy discussion which took place at this meeting will be presented during a similar meeting to be held early in the fall.

In the evening we conducted a forum on "Labor Legislation as it Affects Nurses"—the speakers being Miss J. Elise Gordon, editor of the *Nursing Mirror;* Miss Kathleen Connor, chairman, Committee on Labor Relations, C.N.A.; Mr. Roger Ouimet, K.C., legal adviser to the A.N.P.Q. In the absence of M. Bihet, president, Belgium Nurses' Association, who had planned to be present, Miss Suzanne Giroux read a report covering the situation in Belgium, which Mlle Bihet had prepared.

French programs included (a) a round table discussion on polio, the speakers being Dr. A. R. Foley, provincial Department of Health and Welfare; Dr. Paul Larivière, pediatrician, Hôpital Ste-Justine; M. P. Savoie and M. Daigle; (b) an excellent address by Maître Jacques Perreault, of the University of Mont-

real, entitled "La Profession et le dévoir professionnel"; (c) forum on industrial nursing, with the following speakers: Dr. F. J. Tourangeau, director of the Division of Industrial Hygiene, provincial Department of Health and Welfare; Dr. Graham Ross, director of Health Services, National Breweries; Dr. C. A. Bourdon, officer in charge of the Health Districts, Montreal Department of Health; Mr. Roméo Desjardins, director of personnel, Catelli Limited; A. Rita Guimont and M. St-Onge, industrial nurses; Mlle Alice Girard, director of the School of Public Health Nursing, University of Montreal and director of nursing services, Metropolitan Life Insurance Company in Canada, summarized the discussion. A special session, held on the morning of May 28, provided further opportunity for discussion when, under the chairmanship of the Rev. Soeur Denise Lefebvre, the working schedule and vacation for student nurses were discussed by four sisters, directors of schools. L'Abbé Llewellyn, aumonier to students at the University of Montreal, addressed the meeting on "The Problems of Educating Youth."

The results of the elections to the Committee of Management were announced, thus recording for the first time, and in line with the provisions of our compulsory licensing Act, a committee of twenty-four persons elected by the members of their district associations one month previous to the annual meeting. The committee is composed as follows:

Representing District Association: 1. Mlle Marie-Ange Chamard; 2. Rev. Sr. Marie Madeleine; 3. Mlle Ruth Aubin; 4. Rev. Sr. Normandin; 5. Mlle Alice Besner; 6. Mlle Madeleine Lacombe; 7. Rev. Sr. Jean des Lys; 8. Mlle Alma Benoit; 9. Rev. Sr. St-Ferdinand, Mlles Geneviève Lamarre, Marguerite Hébert, Miss Mae E. Lunam; 10. Mlle Lauréanne Couet; 11. Misses Fanny Munroe, Mary S. Mathewson, C. V. Barrett, Ethel B. Cooke, Rev. Sr. M. Felicitas, Miss Electa MacLennan, Rev. Sr. Allard, Rev. Sr. Valérie de la Sagesse, Mlles A. Martineau, Alice Girard, Marie Cantin.

The newly-elected Committee of Management, in accordance with the by-laws, appointed from among their number the following officers, who constitute the Executive Council: President, Rév. Soeur Valérie de la Sagesse; English vice-presidents, Mary S. Mathewson, Caroline V. Barrett; French vice-presidents, Rév. Soeur St-Ferdinand, Mlle Annonciade Martineau; honorary secretary, Ethel B. Cooke; honorary treasurer, Marie Cantin; councillors, the representatives from districts 1-5 inclusive.

E. Frances Upton,
Secretary-Registrar
Association of Nurses, Province of Quebec.

Nursing Sisters' Association

Mr. and Mrs. Hugh McLaughlin opened their home on Valleyview Avenue recently for a garden party, sponsored by the *Toronto Unit*, in aid of the British Nurses Relief Fund, when over two hundred guests attended.

Col. Agnes Neill received with her sister, Mrs. McLaughlin, and the president, Ethel Greenwood. Assisting with the serving were Mmes E. U. Mitchell, G. Storey, J. Bell, G. Hanna, C. Farquharson, M. I. Turner, Misses F. Charlton, D. Kent, H. Lane, D. Macham, E. Cleland, P. Black, B. Wright, D. Houghtling, and M. Kennedy. Helen Howe was the garden party convener with Mmes Harry Coles and Harry Nixon conveners for the afternoon tea.

Maude Wilkinson and Mrs. H. G. Henson were in charge of "White Elephants," Isobel McEwen of home baking, Jessie Goodman of teacup reading, and Mary McNaughton of raffles.

Members of the unit entertained delegates and nurses who were in Toronto in May and June for refresher courses at the University of Toronto School of Nursing, following the I.C.N. Congress. Mrs. George Hanna took her guests to the May Day celebration at Ontario Ladies' College, Whitby, and to dinner at her home. Mrs. William Black and Ethel Greenwood entertained at tea at the Royal Canadian Yacht Club for ten guests who represented five nationalities. F. Charlton and P. Black assisted. Mary Sunley had an English nurse as her house guest for ten days and Jean Taylor drove visitors about the city.

Nursing Profiles

Editor's Note: In the three years during which these special pages have been featured, we have endeavored to present a cross-section of the nursing personnel in Canada who are shaping the future of nursing or who have made noteworthy contributions through the years. It is inevitable that in the limited scope of these columns, only a sprinkling of personalities can be reflected.

So many of the nurses have a profound modesty about their own accomplishments that it has been deemed advisable to change the name of this page. In embarrassment, these hard-working, capable women have said, "But I am not *interesting!*" We hope the new title will remove any feeling of constraint our worthy colleagues may have in the future. How do you like the new caption?

Isabel Maitland Stewart, M.A., who for the past forty years has guided students of nursing in the School at Teachers College, Columbia University, has retired.

Fourth in a family of nine, the children of a Presbyterian minister, Miss Stewart was reared in the ideals of service and altruism. She came naturally by her most dominant qualities of character which, although forceful and impregnated with convictions, are acutely understanding and charitable in their nature. An intelligent student, a clear and logical thinker with a pioneering and adventurous spirit, an idealist, an almost selfless worker, Miss Stewart's rare sense of humor has helped her to sustain an even balance when other less resolute souls might have wavered. Her consideration for the inadequacies of others, while maintaining the highest ideals of achievement for herself, have made her a unique personality; for rather than blame or criticize, she has often shouldered the responsibility of making the imperfect productions of others more perfect, burning the midnight oil in its accomplishment.

ISABEL M. STEWART

Prior to entering the school of nursing of the Winnipeg General Hospital in 1900, Miss Stewart had taught in the rural public schools of Manitoba for several years. Following graduation, she engaged in private duty for a period. Her interest in education led her toward broader fields and in 1907 she enrolled as a student at Teachers College to prepare herself as a teacher of nurses, planning to return to Winnipeg.

Fate decreed otherwise! Offered a position on the faculty of Teachers College, Miss Stewart remained in New York to begin the career in which she has so brilliantly succeeded. When she followed Miss Adelaide Nutting as director of the School of Nursing Education in 1925, the nursing profession both in Canada and the United States was in happy accord with her appointment.

The need of creating some organization by which an evaluation could be made of the status of schools of nursing was recognized by Miss Stewart, her idea finally culminating in the Committee on the Grading of Nursing Schools. Curriculum planning was then a logical step. Her vision and insight led to the formation of the Association of Collegiate Schools of Nursing.

World-wide leadership in nursing education has been given through Miss Stewart's activities in the I.C.N. As chairman of the

Education Committee, she has made a very marked and permanent contribution to nursing in all of the member countries.

Miss Stewart's writings have been numerous and far-reaching. Her most recent publication was "The Education of Nurses," a volume of incalculable value.

Miss Stewart plans to travel, to keep in touch with nursing developments in different countries, and to enjoy the leisure which her busy life has so long denied her. The nurses of Canada, including especially the large number who have studied under her guidance at Columbia, wish her long years of happiness.

Marion (Stillwell) Bates, who graduated from the Toronto General Hospital in 1923, has been appointed dean of women at McMaster University, Hamilton. Mrs. Bates received her Bachelor of Arts degree from McMaster in 1920. She received a scholarship upon graduation from T.G.H. and spent the following year studying teaching in schools of nursing at the McGill School for Graduate Nurses. After a year as instructor at T.G.H., fate in the form of the late Dr. J. Edgar Bates intervened. Mrs. Bates has two daughters.

Mrs. Bates has been active in hospital work, home and school associations, and the missionary societies of the Baptist Convention of Ontario and Quebec. For four years she was editor of the Baptist Women's Missionary paper. This past summer, Mrs. Bates attended the Baptist World Alliance Meeting in Denmark.

In her new duties, Mrs. Bates will have a minimum of instructional responsibility, thus providing time for her active personal work with the women students.

Dorothy Forsythe Ballantine, A.R.R.C., matron-in-chief of the R.C.A.M.C., graduated from the Winnipeg General Hospital in 1930. Upon graduation, she joined the staff of the Prince Albert Sanatorium. Three years later, after a postgraduate course in operating-room technique Miss Ballantine became operating-room supervisor at Victoria Hospital, Prince Albert. In 1936, she joined the neurosurgical nursing department of St. Mary's Hospital, Rochester, Minn., and two years after was made operating-room supervisor at Touro Infirmary, New Orleans.

Enlisting in 1941, Miss Ballantine served overseas with No. 8 Canadian General Hospital and No. 2 Casualty Clearing Station.

Ashley & Crippen, Toronto

MARION BATES

She was principal matron of Canadian General Hospitals in both northwest Europe and England prior to her appointment as assistant to the matron-in-chief in Canada.

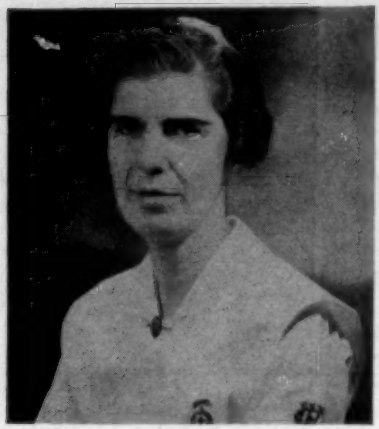
A very busy person, Major Ballantine's favorite relaxation is found in reading, particularly in the study of history.

The hundreds of students who have been guided by her since 1939 will always remember the kindly interest and enthusiasm with which **Elsie Allder** watched over them. Miss Allder has given up her position as head of the instruction department at the Royal Victoria Hospital, Montreal, and has undertaken new work in the Registrar's department of the Montreal Neurological Institute.

Graduating from high school in Woodstock, N.B., Miss Allder commenced her training at R.V.H. in 1918. She holds her certificate in teaching and supervision from the McGill School for Graduate Nurses. Except for a brief year when she served as school nurse at a private school for boys in Connecticut, all of Miss Allder's professional activity has been devoted to her alma mater. In addition to her work as instructor, she has been supervisor in surgical wards, the outpatient department, obstetrical, and medical departments.

Miss Allder has been active in the provincial association and alumnae work. She served two years as president of the R.V.H. alumnae and two years as president of the alumnae of the McGill School.

Mary Lillian Shepherd, superintendent of nurses of the Winnipeg Municipal Hos-



Gauvin-Gentzel, Winnipeg

MARY L. SHEPHERD

pitals, graduated from the Winnipeg General Hospital in 1928. After a very brief experience in private duty nursing, Miss Shepherd joined the staff of the Municipal Hospitals. In 1937, she became charge nurse on a ward; then served as admitting and operating-room nurse, supervisor, instructor and assistant superintendent to her present position.

Miss Shepherd is exceedingly interested in people. She has a very wide range of correspondents all over the world. Her hobby is her camera and the thousands of snapshots, all neatly fastened in albums and labelled, bear mute testimony to her methodical interest. Camping, tennis, swimming provide her outdoor activities. Miss Shepherd is first vice-president of the W.G.H. alumnae association.

The campaign for Canadian aid to China has been pointed up by a letter from one of our Canadian nurses who was serving with UNRRA in China. **Muriel Jean Graham,** who for many years was registrar, treasurer and corresponding secretary of the Registered Nurses' Association of Nova Scotia, and who spent nearly four years overseas with the R.C.A.M.C., upon her discharge offered her services to UNRRA. Miss Graham was well qualified for the difficult tasks which confronted her.

A graduate in Arts from St. Francis Xavier University, Antigonish, Miss Graham received her training from the Victoria General Hospital, Halifax, graduating in 1932. The following year she received her certificate in teaching and supervision in schools of nursing from the McGill School for Graduate Nurses. After a year in private duty nursing she joined the provincial office of the R.N.A.N.S.

After a long, tedious journey, Miss Graham reached China and began her new work of organizing nursing programs and caring for undernourished natives. Recently she was transferred to the island of Pingtung where, with the aid of a young Chinese nurse to act as interpreter, she assisted the Chinese doctors in rehabilitating the hospital, organizing a modern nursing service, and conducting a short course for nurses. All of the problems attendant on finding living quarters, demonstration and classrooms and every kind of supply had to be met. When the World Health Organization takes over the responsibility for this work, Miss Graham expects to return to Canada. The fine example which she has set may well serve to inspire other nurses to help in providing aid to China.

Mabel Dubbin who, since 1914, has been on the staff of the Victorian Order of Nurses for Canada, serving in the Whitney Pier District of the Sydney (N.S.) branch, has retired.

Born in London, Eng., Miss Dubbin took her children's training in Dr. Barnardo's Home in Babies' Castle, Hawkhurst, Kent, England, and left there for West Middlesex County Hospital, Isleworth. On completion of that training, she took a six-month midwifery training in the same hospital, passing examinations for Central Midwives Board. After leaving there she joined Her Royal Highness Christian Nurses Home and completed three years' private nursing.

Miss Dubbin devoted her life to the people she worked with, not only nursing their ills, dealing with health problems and home conditions, but spending evenings in clubs and classes which she organized for their benefit. She was an ever present friend in their midst, and will long live in the hearts of the people of the Pier District. Before leaving Sydney, Miss Dubbin received many tangible expressions of appreciation from the board, the doctors, the nurses and the people in the community.

Miss Dubbin plans to reside in Kelowna, B.C., with her brother, where she will have her own little home on his ranch "Annicedale." She plans to have a flower garden

and raise some chickens, and in her leisure time to write a book telling of her many interesting experiences since coming to Canada.

Agnes Cox has retired after forty years of nursing, the past twenty-five of which she has served in the Halifax Tuberculosis Hospital where she was appointed matron in 1936. Miss Cox graduated from the Victoria General Hospital, Halifax, in 1907. After two years at Highland View Hospital, Amherst, she felt the lure of the west and spent three years in hospitals in Alberta and Manitoba. Returning to Nova Scotia, Miss Cox nursed in Sydney and Halifax and was two years on the staff of the Victorian Order of Nurses, before joining the hospital.

A dinner was held in Miss Cox's honor, when her retirement was announced, in recognition of her long and notable record in nursing. An illuminated address and gifts were presented to Miss Cox. Her many friends extend best wishes for many years of well merited rest and happiness.

GERTRUDE KILPATRICK

Gertrude M. Kilpatrick, who has been superintendent at Soldiers' Memorial Hospital, Orillia, Ont., has resigned to be married. Graduating from the Toronto General Hospital in 1925, Miss Kilpatrick took a short course in administration at the University of Toronto School of Nursing. Her professional life has been spent chiefly in Orillia.

Industrial Dusts Can be Poisonous

Certain toxic (poisonous) metal dusts and organic liquids are common in industry, and there are actual maximum amounts beyond which average persons, chronically exposed, cannot safely inhale daily in the form of floating dust or vapor.

For instance, no worker should inhale daily more than about 10 milligrams of silica or more than one gram of benzol. Incidentally, there are 1,000 milligrams in one gram, and seven grams in one teaspoonful.

Other materials and quantities in the list:

Lead (and its salts): about 1.5 milligrams.
Mercury (and its salts): about 1 milligram.
Cadium (and its salts): about 1 milligram.
Radium (and its salts): about one millionth of a milligram.
Carbon Disulphide: about 200 milligrams.
Methanol: about 500 milligrams.
Carbon Tetrachloride: about 1 gram.
Aniline: about 100 milligrams.
Butyl Acetate: about 1,700 milligrams.
Nitrobenzene: about 600 milligrams.

(*The above information was obtained through the courtesy of the Industrial Hygiene Division of the Ontario Department of Health.*)

This month, the new subscription rate for the *Journal* becomes effective. The remarkable increase in the total paid circulation during the past five years — from 4,316 in September 1942, to 9,818 in September, 1947 — is abundant proof of the confidence the nurses of Canada have in their own nursing magazine. There is ample room for a repetition of this growth during the next five years. Every province shares in the interest, and the responsibility, for this development. The actual circulation, by provinces, as at September 1, 1947, was as follows: Alberta, 809; British Columbia, 1,204; Manitoba, 557; New Brunswick, 607; Nova Scotia, 590; Ontario, 3,408; Prince Edward Island, 143; Quebec, 1,047; Saskatchewan, 641.

STUDENT NURSES PAGE

Traumatic Laceration of the Ileum

ANITA LIVIS

Student Nurse, School of Nursing, Woodstock General Hospital, Ont.

YOUNG JIMMY was admitted in his father's arms to the children's ward of the Woodstock General Hospital on July 28. He was two and a half years old, and one was immediately struck with admiration for his finely featured face, and almost platinum hair—very closely cropped, or what we commonly term "a brush cut." There was no struggle against being undressed and put in a cot, which is quite unusual for a child in a sick condition. Jimmy appeared somewhat stunned and lay placidly in bed, allowing his nurse to continue her duties. At first glance, a few abdominal abrasions were seen, these being slightly to the left of the umbilicus. Further visual examination showed minor scratches on his left leg and toes, but other than these there were no marks over his entire body. On admission at 9:30 p.m. Jimmy's pulse was 120, but of very good volume and regular beat. His respirations were of a grunting nature, but were only 26 to the minute.

The history received from Jimmy's parents, before they left the hospital, was very scanty. They lived on a farm about one mile outside the city limits, and had ten living children. Both parents were acutely concerned over Jimmy, and one was impressed with the fact that here was a family very closely knit and loved. Mr. M. explained that on that afternoon Jimmy had been riding with him in a rig drawn by a horse. The rig was jolted while moving, and Jimmy, who was standing up at the time, fell to the field, face down. A doctor was consulted, and he advised hospitalization.

An order for phenobarbital ½ gr. was given, should it be necessary to quiet any restlessness and induce sleep, but Jimmy slept right through his first night in hospital. His pulse and respirations slightly increased and by morning his temperature was 101^2 (r), pulse 132, and respirations 30. X-ray films of his abdomen were taken, and the report was of little help in the doctor's diagnosis—"there was no evidence of free air in the peritoneal cavity." Under ordinary circumstances this would have meant that there was no escape of air from an open portion of the intestines.

After consultation between Dr. R, the surgeon, Dr. B, the attending physician, and Dr. L, the radiologist, it was decided that immediate surgery was advisable, in consideration of a rising pulse rate and a high white blood count. Jimmy, still in a stunned condition, was taken to the operating-room at 10:25 a.m. on July 29. Summarizing his pre-operative diagnosis Dr. B had written "acute abdomen with possible perforated bowel."

The anesthetic used was cyclopropane, a gaseous compound. Much praise may be given this type of induction. It is not sufficient just to relieve a patient of pain. All the muscles must be well relaxed in order to rule out fatigue and shock. The patient's recovery from anesthetic

must be free of complications that in any way may interfere with his convalescence. Cyclopropane covers all these factors, with uncomplicating results. This gas possesses the properties of rapid induction and recovery. It is non-irritating to the mucous membrane of lung tissue. It does not stimulate respirations. Finally, there is no fear of cyanosis, because of its large oxygen content.

The operation began at 11:35 a.m. and a left paramedian incision was made, opposite the umbilicus. Jimmy's fall, with only a few scratches and bruises on the skin surface, had indeed produced a condition, the prognosis of which depended on surgery. The x-ray report had read that there was no free air in the peritoneal cavity, which suggested that the injury had not cut the bowel. The surgeon found, however, an almost completely severed bowel in the ileum region. This might well contradict the x-ray findings but where, ordinarily, air caused by peristaltic action would have escaped from the opening into the cavity, in this case shock had stopped all peristalsis, hence there was no free air in the abdomen. Both ends of the severed ileum were opened, but fortunately the peritoneum was soiled very little. There was contusion of the mesentery to the sigmoid. The wounded and lacerated bowel was excised and a primary anastomosis, or the establishment of a communication between the two open portions of the ileum, was done. For this, the surgeon used No. 00 chromic sutures. It is interesting to note the value of this chromic type of suture material. It is catgut which has been treated and resists absorption by the tissues for a longer period of time, and consequently approximation may extend from ten to twenty days. The incision was closed at 12:45 p.m. by the use of skin clips.

Jimmy returned to his cot in children's ward with an intravenous of normal saline running into a vein at the ankle; this cut down was done while he was still in the operating-room. His general condition was considered good and although his respiratory rate reached as high as 64, it gradually decreased to a normal 30 by 4:30 in the afternoon. At 1:35 p.m. after 350 cc. of the saline had been absorbed, a transfusion of citrated blood was started, and at 5:15 p.m. it too was completed. The sodium citrate method entails the addition to the blood of 10 cc. of 2% sodium citrate solution to each 100 cc. of blood. This makes it feasible to carry the blood from one part of the hospital to another without danger of coagulation and it may be kept for some time without being injected into the recipient.

Sedative of morphine sulphate, gr. 1/16, by hypodermic was given to Jimmy at 1:50 p.m. and again at 5:30 p.m. Following the blood transfusion 5% dextrose in 1000 cc. of normal saline was started with one ampule of soluthiazole mixed in the solution. The drug soluthiazole is a solution of sodium salt of sulfathiazole. Each ampule of 5 cc. contains the equivalent of 15 grains of sulfathiazole. The soluthiazole is used in cases for which rapid and intensive action is necessary, and in cases where oral administration is impossible. This dosage was repeated twice, and the three administrations of blood, intravenous nourishment, and soluthiazole played a major role in Jimmy's post-operative condition. Nausea and vomiting were noted only twice, and that during the period when the morphia was taking its effect.

Mineral oil was given frequently in small doses, thus enabling the first bowel movement to be easy, with no strain on the sutured intestines. Jimmy's convalescence was a speedy and satisfactory one. It was during his convalescence that he became so well liked by his nurses. Intermingled with his sunny disposition was a keen sense of loneliness for his home and parents. He lived for the time each day when his mother and father would walk into the room, their arms filled with delightful gifts. His prize possession was a small car his father had given him, and we all admired it, if only to win his approval by so doing. Teaching him health habits was in-

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Public Health Nurses also needed. *Salary:* $1,740 yearly plus maintenance, with annual increase.

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deed an easy task, and he enjoyed nothing better than scrubbing away at his teeth, even though his lips received most of the power behind his vigorous arm movements.

Jimmy's abdomen remained soft with no distention, and so his diet continued to increase. On August 6, seven days after his operation, the doctor removed the skin clips and found the incision was in excellent condition, having healed by first intention. The doctor felt that since Jimmy missed his home environment so acutely, and since there would be excellent care at his home, he could be discharged. On last inquiries, we learned that Jimmy was once again in normal health, playing happily about with his brothers and sisters—all ten of them.

Summarizing Jimmy's case, we find that the combined efforts of surgery, medicine, radiology, and nursing care all played in important part in his diagnosis, therapeutic reactions, and final recovery. From the time of Hippocrates to the present time, all the knowledge gathered by actual practice by our doctors and nurses continues to save and mend lives of such as our young Jimmy.

Book Reviews

Solutions and Dosage, by Sara Jamison, R.N., 295 pages. Published by McGraw-Hill Book Co. Inc., 330 West 42nd St., New York City 18. 1947. Illustrated. Price (in U.S.A.) $2.50.

Reviewed by Anne Carpenter, Science Instructor, Winnipeg General Hospital School of Nursing.

In this text, which covers the arithmetical and practical skills involved in the preparation of solutions and dosage, Miss Jamison has attempted successfully to simplify for the student nurse the problem of gaining the necessary understanding and skills in this particular area of her preliminary course in drugs and solutions. There is deliberate

effort to follow the logical sequence of the student's progress in learning, from simpler concepts to more difficult ones.

The first forty pages provide an arithmetic pre-test and review. Then follow problems in the preparation of solutions, where there is an earnest endeavor to select examples from practical situations met within the hospital. Good illustrations of hospital measuring equipment are included. While both the apothecaries and metric systems are presented, and the approximate nature of equivalents between the two systems is stressed, the tendency throughout the text is toward the Metric system. Detachable arithmetic pre-test, and laboratory and review exercises are an interesting feature of the book.

For the student nurse this text furnishes a useful adjunct prior to her use of a pharmacology text in the study of drugs. For the instructor searching for clear and simple techniques in teaching arithmetical principles, it makes available a particularly useful tool.

Professional Adjustments I, by Alice L. Price, B.S., R.N. 212 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1946. Price $2.00.

Reviewed by Helen M. McDonel, Educational Director, Winnipeg General Hospital School of Nursing.

In designing an aid in personal living, in and out of schools, the author has provided attractive clothing and pulsing life for such abstract concepts as ethics, morale, and tact.

Especial emphasis has been placed on clear-cut suggestions for proper methods of study; understanding of good manners; regulations for group living; care of property in the residence or hospital; and specific data regarding financial and legal responsibilities.

Of especial value are the provisions for increasing the student's vocabulary, and instruction concerning the relieving of mental and spiritual stress, without imposing her own religious views on the patients. Much of the context could be used in health courses if they are interwoven throughout the entire three-year curriculum.

Some helps I did not find in this reference are: Study of the adjustment of definite personalities, to serve as an anchor in a new environment; basic instruction in parliamentary

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procedure which students may use in their organizations.

This type of friendly, "up-to-the-minute" counselling, written in an informal style, to meet successfully the standards of conduct today should be happily received by students.

White Caps, The Story of Nursing, by Victor Robinson, M.D. 425 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1946. Price $4.25.

Reviewed by Rhoda F. MacDonald, Director, School of Nursing, Aberdeen Hospital, New Glasgow, N.S.

When I first glanced into this book, I thought—here are a lot of dry quotations and historic events to wade through. As I read, I became more and more interested. There were many phases of medical and nursing life that I had not read or heard of before and many nurses were mentioned whom I had not known had contributed so much to nursing history. The little excerpts were very vivid, entertaining, and enlightening. This book is very absorbing and instructive. It will be read by all nurses with pleasure and they cannot help but have a deeper appreciation of their profession after reading it. It should prove a great assistance to instructors in schools of nursing, guiding students in their history of nursing study.

Dr. Robinson is an outstanding physician and author. He delivered many lectures on history of nursing to student nurses at several hospitals. In his book he has presented a picture of the start of the medical profession and traced nursing from its beginning to the present time. Especially interesting is the first chapter—Hospitals and Hospitality in Antiquity. This chapter is followed by interesting illustrations. The entire book is written in a most delightful manner, giving, in many instances, more detail regarding individual nurses than is usually found in most books on nursing history. The March of the Nurse, written in chronological form, the bibliographical notes, and the two final sections are of great interest and should prove very helpful to students, and will also be a good review for the graduate nurse.

Psychology Applied to Nursing, by L. A. Averill, Ph.D. and F. C. Kempf, R.N., B.S. 496 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 3rd Ed. 1946. Illustrated. Price $3.00.

Reviewed by Mildred Nelson, Assistant

Superintendent of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Psychology, the study that deals with the workings of the human mind, is one of the social sciences receiving more and more stress in the courses designed for the beginning student of nursing. A suitable text for the preliminary student nurse must first of all be elementary or basic because it is usually unfamiliar subject matter for her. The course in psychology is intended to assist the student to a better understanding of herself so that she will be prepared to meet the varied and trying situations with which she will come in contact. Secondly, it should aid her in understanding those about her, namely, the patients, so that she will be better able to help them make the adjustments that are so necessary in health and in illness.

Besides fulfilling these two requisites, this new edition of "Psychology Applied to Nursing" constantly makes applications to nursing situations from the time the student enters the school of nursing to the days following graduation.

It is written in a simple style. It is practical. It includes many thought-provoking questions and suggestions at the end of each section. One admirable feature of this book is that mind and body are considered in their relations one to the other and not as separate entities which is an unreal and mythical division. Stress throughout is on the individual in a practical situation—that is in nursing.

Library Housecleaning

HILDA COATES

The nursing profession, which requires mastery of underlying scientific principles, precision of skills, and intelligent attitudes, must necessarily aim for the highest quality of education for its students. Instruction can be enriched tremendously through the use of up-to-date reference libraries.

This was realized by Miss Grace Giles, who in 1944 was convener of the Examination Committee (a sub-committee of the Centralized Lecture Committee of Toronto), and a Textbook Review Committee was formed. A treat deal of credit is due to Miss Gwladwen Jones, instructor of nurses at the Toronto Western Hospital, and first convener of this

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NON-REGISTERED GRADUATE NURSES IN MANITOBA

A **Special Examination** for the Registration of Nurses, who graduated from Schools of Nursing in the **Province of Manitoba** prior to September, 1944, is being held on **December 9 and 10, 1947.** This examination will be offered only once. It is being arranged by the Manitoba Association of Registered Nurses in co-operation with the University of Manitoba in an effort to assist graduate nurses, who have never completed registration and membership in the Manitoba Association of Registered Nurses, to legalize their practice and status as required by Ch. 46. Statutes of Manitoba, 1945. This Special Examination will consist of two written papers and a personal interview.

Nurses who have graduated from Schools of Nursing in the Province of Manitoba since September, 1944, may not make application for this Special Examination. Nurses who have failed outright in previous registration examinations are not eligible for this Special Examination.

Applications must be submitted by **October 31, 1947.**

Requests for information and application forms should be addressed to:

Executive Secretary
Manitoba Ass'n of Registered Nurses
214 Balmoral St.
Winnipeg, Man.

committee, for organizing the work and laying the foundation.

Thirteen subjects were divided among the various nursing schools of Toronto, and from an annual report the approved books, as reviewed by this committee, appear as a mimeographed list, including authors, publishers, editions, and costs. New books, as available, are added each year.

There were many trips to the publishers, with rows of books in view, each with its inviting cover to be opened, its contents to be investigated. There were publishers one never knew existed before, and all of them enthusiastic to help in any way they could. No one was too busy to stop and find some secluded but vital piece of information. Books were loaned to each hospital, some even given as complimentary copies. Many hours of work were given by busy nurses. Nursing journals were consulted for the helpful review of books found in their pages, until the report began to shape into something which had life, which breathed data, accurate and concise.

Interest has now spread so that not only nursing schools of Toronto have access to this list, but all hospitals of District 5 which have nursing schools.

This project has involved a great deal of work, but we feel the results will be ample reward, and wish to express our thanks to all who helped make this possible.

Diet for Irritable Stomachs

Ice-cold food or drink should not be taken, especially if the stomach is empty. In addition to the following foods, which should be avoided, the intake of fats should be reduced: Spices, relishes, pickles, mustard, hot sauces, fried foods, all vegetables except string beans, carrots, fall squash, peas, beets, asparagus, strained tomatoes, broccoli, spinach, lima beans, all raw vegetables, any food containing seeds or skin, bran products.

Microwave Diathermy

For the first time microwave diathermy equipment has been made available to the medical profession. The research laboratories of Raytheon Manufacturing Co., Waltham, Mass., have developed this new tool, which is called the *Microtherm.*

Previous investigations in short wave diathermy by physiatrists have for many years indicated the desirability of diathermy work in the microwave region. However, efficient generators of these frequencies were not available.

Wartime research produced the pulsed magnetron which made possible precision radar, airplane navigation controls, and accurate bombing control. It also resulted in Raytheon's development of the continuous wave-type magnetron. Aimed at destruction, this wartime effort is now finding even greater application in producing better living and better health.

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The weight of the *Microtherm*, complete with a 4″ director packed in the unit case, is 35 lbs. No additional equipment is needed, and the unit can be plugged into any 115-volt 60-cycle a.c. outlet. The over-all size is 15¼″ x 11½″ x 9½″—suitable for easy carrying. The construction is sturdy—adequate for the wear and tear of portable use, and the design assures reliable operation under the extremes of temperature and humidity normally encountered.

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Full particulars on posters in Post Offices, National Employment Service Offices, or Offices of the Civil Service Commission throughout Canada.

Application forms, obtainable thereat, should be filed immediately with the

CIVIL SERVICE COMMISSION OF CANADA

in the Province in which applicant resides.

Prostheses, 1876

In consideration of the plight of amputees of World War II and their difficulties with artificial limbs, it is interesting to read the catalogues of various artificial leg manufacturers of the period following the Civil War in the United States.

The following are excerpts from a catalogue called "Mark's Patent Artificial Limbs with India Rubber Hands and Feet," published in New York in 1876. It quotes from an article in *Appleton's Journal*, June 19, 1875:

"Such improvements have been made in late years that, in all but a sense of touch, an artificial leg performs the most important duties of a natural one, allowing the wearer to walk, run, or sit at ease, and to endure an astonishing degree of fatigue in an upright position. It is noiseless, and only an expert can detect it.

"A brevet major of United States Volunteers, who was cut in two during the war, writes, 'I walk six miles every day without a cane or other assistance.' Another martyr of gunpowder declares, 'I am employed in a locomotive works, and with the aid of an artificial leg I am able to support a large family.' Think of supporting a large family on an artificial leg, and dandling a baby on an artificial knee! And what a sermon and example it is to those who complain that they cannot afford to marry with even the two natural limbs at their service!

"Still another writes, 'With my artificial leg I have visited the Highlands and all the noteworthy scenery of Ireland, Wales, England, Germany, France, and Switzerland . . .'

"We imagine that the wearers of these artificial limbs grow attached to them as to a meerschaum pipe, and it occurs to us that there must be a large amount of satisfaction in taking one's leg off and rubbing it up and down in a fondling way. Some connoisseurs have collections of legs — week-day legs, Sunday legs, dancing legs, and riding legs, each expressly made for a distinct purpose. But this is vanity and leadeth only unto vexation of the spirit."

— *Army Medical Library News*

Under an amendment to the Ontario Public Health Act, October, 1946, every expectant mother may obtain one free medical examination from a qualified practitioner of her own choice.

Alberta

The following are recent staff changes in the Division of Public Health Nursing, Alberta Department of Public Health:

Appointments: *M. Augusta Evans* is now full-time assistant in the nursing office. Miss Evans has her B.Sc. Degree in Nursing from the University of Alberta and M.A. degree in personnel administration and guidance from Teachers College, Columbia University; *Mrs. Helene Jansen* (Holy Family Hospital, Prince Albert) to Plamondon; *Margaret Wyld* (University Hospital, Edmonton, and University of Toronto School of Nursing) to Smith; *June Polley* (Calgary General Hospital and McGill School for Graduate Nurses) to Foremost; *Helen Head* (University Hospital, Edmonton, and University of Alberta School of Nursing) to Dixonville; *Mrs. E. A. Bennett* to Hines Creek.

Transfers: *Frances Smith* from Hines Creek to Grassland; *Ethel Jones* from Peers to Vauxhall.

Leaves of Absence: *Jean Blackbourne* of Foremost for a year to take public health course at University of Western Ontario; *Katherine Brandon* of Grassland to take public health course at University of British Columbia; *Marguerite Weder* of Smith and *Lillian White* of Valley View to take course in advanced obstetrics.

Resignations: *Mrs. Sheila Russell* from Nursing Division staff; *D. Taylor* to go east for further nursing experience; *Mrs. M. Higgins*, at Vauxhall for past three years; *M. (Keays) Lindstedt* from Lomond; *Beatrice (May) Parr* from Athabasca; *Hazel Wilson* from Drumheller to become health lecturer at Winnipeg General Hospital.

M.L.I.C. Nursing Service

The following are items concerning the Metropolitan Life Insurance Company Nursing Service:

Rita Chamberland (St. Sacrement Hospital, Quebec City) and *Mariette Leger* (Notre Dame Hospital, Montreal), having completed the University of Montreal public health course, have returned to the Quebec City and Montreal staffs. *Mary Gorman* (Hotel-Dieu, Campbellton, N.B. and Dalhousie University public health course) and *Blanche Pepin* (Hotel-Dieu, Montreal, and University of Montreal public health course) have returned to the Montreal staff. *Gertrude Lapointe*

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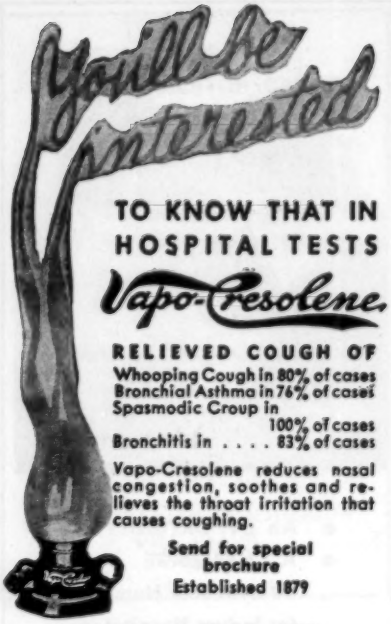
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(St. Vincent de Paul Hospital, Sherbrooke, and University of Montreal public health course), formerly at Montreal, is now in charge at Joliette. *Lucinda Lemay* (Notre Dame Hospital, Montreal, and University of Montreal public health course) recently resigned from the company's service. Miss Lemay was on the Montreal staff.

Ontario

The following are staff appointments to and resignations from the Ontario Public Health Nursing Service:

Appointments: *Elizabeth Petrie* (Diploma course, University of Toronto) as senior public health nurse, Chatham Board of Health; *Lois Smith* (MacLean School for Nurses, Mass., and University of Toronto certificate course), Sault Ste. Marie Board of Education; *Ruth Kent* (Diploma course, University of Toronto), Etobicoke Township Board of Health; *Gladys Reed* (Toronto General Hospital and University of Toronto certificate course), Leeds and Grenville health unit; *Jean Asselstine* (Degree course, University of Alberta), St. Catharines-Lincoln health unit; *Olga Friesen* (Hamilton General Hospital and University of Toronto certificate course) and *Margaret Jenkins* (B.A.Sc., University of British Columbia), Peel County health unit; *Elinor Hall* (Royal Victoria Hospital, Montreal, and University of Toronto certificate course), Elgin-St. Thomas health unit; *Dorothy Coke* (B.Sc., University of Western Ontario), Lambton health unit; *Lillian Lawder* (Hospital for Sick Children and University of Toronto certificate course), formerly public health nurse in Fort Frances, Welland and district health unit; *Catherine Barrell* (Hamilton General Hospital and University of Toronto certificate course), formerly with Kitchener Board of Health, Hamilton Board of Health; *Mary McLaughlin* (Degree course, University of Toronto) and *Nora Crozier* (Hospital for Sick Children and University of Toronto certificate course), Bruce County health unit; *Alli Huhta* (St. Mary's Hospital, Timmins, and University of Toronto certificate course), formerly with St. Catharines-Lincoln health unit, Porcupine health unit; *Elva Earle* (Hotel Dieu, Cornwall, and McGill University public health course), formerly with North Bay Board of Health, Kingston Board of Health; *Myra MacArthur* (Toronto General Hospital and University of Toronto certificate course), Port Arthur Board of

Health; *Leone Dockendorff* (P.E.I. Hospital, Charlottetown, and University of Toronto certificate course), *Lenna Fraser* (Ontario Hospital, London, and University of Toronto certificate course), *Mae Heartz* (P.E.I. Hospital, Charlottetown, and University of Toronto certificate course), *Thelma Walther* (St. Joseph's Hospital, London, and University of Toronto certificate course), and *A. Fern Barker* (Kingston General Hospital and University of Toronto certificate course), Northumberland and Durham health unit; *Faustina Fournier* (University of Ottawa public health course), and *Marcelle Latremouille* (University of Ottawa public health course), Prescott and Russell health unit.

An exchange of public health nurses is being effected between the Metropolitan Health Committee, Vancouver, and the Elgin-St. Thomas health unit. *Beulah Hoit* (Victoria Hospital, London and University of Western Ontario certificate course), will go to Vancouver and *Gwyneth G. Jones* is with the Elgin-St. Thomas health unit.

Resignations: *Marie Elliott* (St. Michael's Hospital and University of Toronto certificate course) and *Juliette Fortin* (St. Joseph's Hospital, Sudbury, and University of Western Ontario) from Prescott and Russell health unit; *Helen Larkin* (New York Hospital and University of Toronto certificate course) from Oshawa Board of Health; *Dorothy Ball* (Victoria Hospital, London, and University of Western Ontario) from Kirkland-Larder Lake health unit; *Kathleen McNamara* (St. Michael's Hospital and University of Toronto certificate course) from Welland and district health unit.

Vancouver Metropolitan Health Committee

The following are recent staff changes in the public health nursing staff of the Vancouver Metropolitan Health Committee:

Appointments: *Lyle Creelman* and *Mary Henderson*, formerly with UNRRA; *Grace White*, following a year's study at McGill University, and *Marion Macdonell*, who has obtained her Master's Degree from Columbia University; *Mary Wade* (Vancouver General Hospital and University of British Columbia); *Margaret Gardiner* (Saskatoon City Hospital and University of Toronto); *Margaret Foord* (Providence Hospital, Moose Jaw, and U.B.C.); *Mabel Parrett* (Brandon

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PUBLIC HEALTH NURSES, GRADE 1

For Work in Interior of British Columbia

Salary: $156.11 rising to $181.11 in five years (current Cost of Living Bonus included).

Must be a graduate nurse acceptable for registration in B.C. and have a diploma or degree in Public Health from a recognized university.

Application forms, obtainable from the Civil Service Commission or Government Agencies, will be accepted immediately by the **Chairman, Civil Service Commission, Parliament Buildings, Victoria, B.C.** Candidates should be under forty years of age (Ex-Servicewomen given preference).

THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

Apply to:

Miss Maude H. Hall
Chief Superintendent
114 Wellington Street
Ottawa.

NURSING FOR COMMUNITY HEALTH

By Theda L. Waterman. This new edition of a valuable nursing textbook includes up-to-date bibliographies, 8 new illustrations and charts, an appendix containing teaching and study outlines. 421 pages, 28 figures, 17 charts, second edition, 1947. $4.00.

ESSENTIALS OF OBSTETRICS

By Henry L. Woodward and Bernice Gardner. A clear, logical and interesting discussion of obstetric management and nursing care. Includes sections on vitamins, convalescence, oil and sun baths and nephritic and hypertensive toxemias. 733 pages, 369 illustrations, 1944. $4.00.

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General Hospital and U.B.C.); *Joyce Read, B.A.Sc.* (Vancouver General Hospital and U.B.C.); *Bernice Murray, B.A.Sc.* (Vancouver General Hospital and U.B.C.); *Elizabeth (Crichton) Benson* (Winnipeg General Hospital and University of Manitoba); *Marjorie McLaughlin* (St. Paul's School of Nursing and U.B.C.); *Sheila Ogilvie, B.A.Sc.* (Vancouver General Hospital and U.B.C.); *Mrs. Isobelle Lyons* (St. Paul's School of Nursing and U.B.C.); *Pat (Dunfield) Rutherford* (Vancouver General Hospital and U.B.C.); *Peggy (Ostrum) Taylor, B.A.Sc.* (Vancouver General Hospital and U.B.C.); *Norah (McFarland) Bell* (Calgary General Hospital and U.B.C.); *Anne Gair* (University of Alberta Hospital and University of Alberta public health course); *Mrs. Grace Bakkan* (Vancouver General Hospital); *Zoe Chang, B.A.Sc.* (Vancouver General Hospital and U.B.C.).

Resignations: *Mrs. E. Jeffrey* to join the Public Service of Canada, Ottawa: *Margaret Carswell* to be married; *Mary McLaughlin* to return to Ontario; *Margaret Cammaert* to join the Provincial Department of Health; *Dorothy Ladner* to go to the United States; *Mmes M. Strongitharm, E. Sleath, O. Weremchuk, M. Smith, A. Ingley, M. Bowker, F. Wynne, G. McKelvey* to return to home duties; *Margaret Dobbin.*

Marnie Willis is on a year's leave of absence to attend U.B.C. to obtain her degree in nursing. *G. Jones* is exchanging with *Beulah Holt* of the Elgin-St. Thomas Health Unit, Ontario, for one year.

Victorian Order of Nurses

The following are recent staff changes received from the Victorian Order of Nurses for Canada:

Faye Saunders has been appointed to National Office staff to do the Professional Reviewing of the discharged Metropolitan Life Insurance Company case histories. She replaces *Mrs. Catherine Debeau* who has resigned. Miss Saunders has been with the V.O.N. for nineteen years. Her experience has included staff work in Halifax and Saint John and charge of Lunenburg and Digby. She is a graduate of the Anna Jacques Hospital, Newburyport, Mass., and of the University of Toronto public health course. We wish her every success in her new work.

Regret is expressed at Mrs. Debeau's resignation. On July 29 the National Office staff gave a tea in her honor when she was

presented with a travelling bag, prior to her moving to Renfrew to join her husband. Our good wishes go with her.

The following nurses, who received Victorian Order scholarships, have completed the university course in public health nursing and have been appointed as shown:

University of Toronto: Toronto: *Marion Johnson, Margaret Hanna, Dorothy Buck, Lois Crawford, Margaret Wishart, Mary Reynolds, Edith Stansfield.* Hamilton: Frances *Jolliffe.* Yarmouth: *Helen Keith.* Lachine: *Helen Smith.* Digby: *Margaret Whebby.* Halifax: *Olive Hayes.*

McGill University: Dundas: *Margaret Wanless.*

University of Montreal: Sherbrooke: *Jacqueline Doyan.*

University of Western Ontario: Waterloo: *Fay Dickie.* York Township: *Gladys Doran.*

University of Manitoba: Dartmouth: *Rose Redding.* Kirkland Lake: *Marguerite Leahy.*

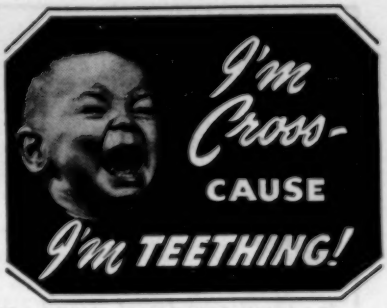
University of Alberta: Sackville: *Phyllis Fraser.* Saint John: *Constance Swinton.*

University of British Columbia: Sudbury: *Kathleen Davies.* West Vancouver. *Margaret Whitecross.*

Appointments: *Dorothy Knight* (University of Western Ontario public health course) to Brantford; *Emily Mayhew* (University of Alberta public health course) to Ottawa; *Margaret Blandford* (University of Western Ontario public health course) to London; *Nora Main* (University of British Columbia public health course) to Surrey; *Bernice Seed* (Public health nursing degree, McGill University) to Vancouver; *Ruth Austin* (Public health nursing degree, McGill University) to Cornwall; *Patricia Darling* (University of Alberta public health course) to Montreal; *Eleanor Crawforth* (University of Western Ontario public health course) to London.

Transfers: *Mrs. Helen Hatcher* from Hamilton to London; *Olwyn McInnes* from Dartmouth to Sackville.

Resignations: *Nina Sage* from Surrey, *Dorothy Lemery* and *Eleanor Jamieson* from Kirkland Lake to take up further study; *Mrs. Jessie Mitchell* from Braeside; *Olive Belle* from Brockville and has been granted leave of absence from the Order; *Edith McKerlie* from Dundas; *Grace Melitzer* from Toronto to be married; *Margaret (Bain) Miller* from London. *Lynette Gunn*, for many years assistant superintendent at Winnipeg, has retired.



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Registered Nurses for Doctors Hospital, Cleveland, Ohio.
Good living quarters and a good salary.
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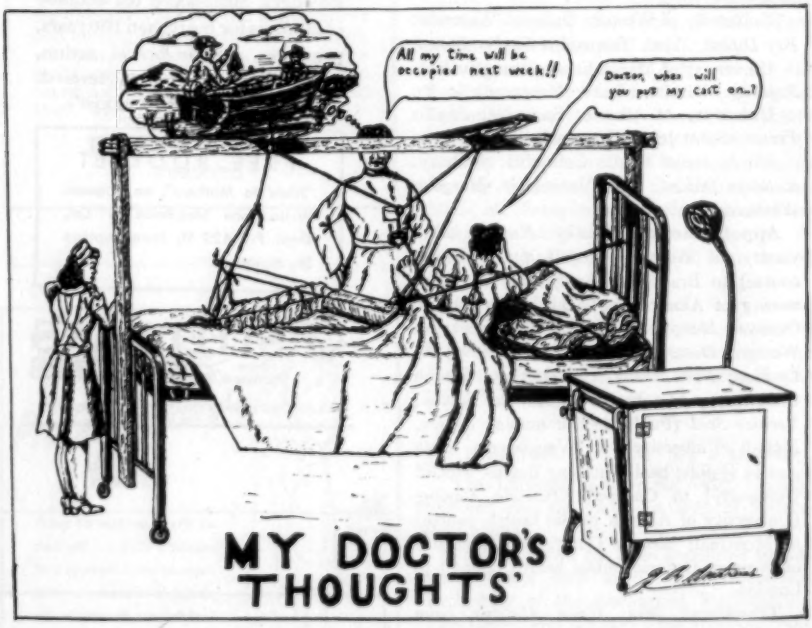

News Notes

BRITISH COLUMBIA

KAMLOOPS:

The Kamloops-Tranquille Chapter, R.N.A. B.C., are pleased to announce their first award of a bursary to Mary Longmore, a 1946 graduate of Royal Inland Hospital. Miss Longmore will take teaching and supervision at the University of British Columbia.

The fifteen graduates of Royal Inland Hospital were honored at a banquet given by the chapter when the highlight of the evening was a talk given by the matron of Tranquille Sanatorium, O. Clancy. She told of her interesting experiences while serving as a nursing sister on the western front. The class was welcomed by the president, Mrs. E. Ransome, and the vice-president, Mrs. R. Waugh.

NEW BRUNSWICK

Saint John General Hospital:

Tressa Brown, acting supervisor, obstetrical division, and Janet (MacDonald) Mawhinney, acting supervisor of the case room, have resigned. Ruby Taylor, now an assistant in the operating-room, is to take a postgraduate course at Cook County School of Nursing, Chicago.

ONTARIO

District 10

FORT WILLIAM:

Mrs. M. Gillman is at present serving as president for the McKellar Hospital Alumnae Association with Mrs. H. McConnell as vice-president, Mrs. E. Morrison, secretary, and the treasurer, Mrs. M. Bishop.

The association has been active during the past months, a well-attended tea being held last February which was convened by Jane Hogarth. A "chain bridge" was arranged for the members and their friends as a means of raising funds, the conveners being Mmes Stanfield and McKinnon. A decision was reached to send a food parcel every month to overseas nurses, the members to contribute an article of food at each meeting. Mrs. P. Jarrett is in charge of this activity. The twelve members of the graduating class were entertained at a dance in June by the alumnae. Each nurse received a gift of jewellery from the members.

PRINCE EDWARD ISLAND

The Prince Edward Island Registered Nurses Association were fortunate to have at their annual meeting, Margaret Kerr, editor of *The Canadian Nurse*, who was present at the afternoon and evening sessions. Following reports of the various committees, Miss Kerr spoke briefly about the *Journal*. Mildred Thompson gave a descriptive report concerning the I.C.N. Congress which she attended. At the evening session, Miss Kerr spoke on "The Present Day Challenge to the Nursing Profession." Premier J. W. Jones and Mr. B. Earle MacDonald gave brief addresses. Mrs. Lois MacDonald was elected president for the ensuing year.

On her visit to P.E.I., Miss Kerr held various sessions with different groups at Charlottetown, Summerside, and Montague.

P.E.I. Hospital:

The alumnae association gave a dance in honor of the 1947 graduating class. The students also entertained the new graduates at a dance at Cundall Home.

Vivienne MacRae, Truro, who served overseas with No. 7 Canadian General Hospital, has replaced Mary Lowther as obstetrical supervisor. Miss Lowther, who served for twelve years in that position, resigned to be married. Beth Robinson has resigned from the O.R. staff. Mae Heartz, Leone Dockendorff, and Bessie McKenzie, A.R.R.C., have completed their courses at the University of Toronto and accepted positions in Ontario. Margaret Leard, who served overseas with

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For those minor ailments of babyhood where a laxative is indicated, Baby's Own Tablets offer both a most efficient and pleasant means of bringing prompt relief. These simple tablet triturates (which may be easily crushed to a powder, if perferred) act to soften and regulate the stools, usually for several days, with little or no colic or griping.

Tasteless, odorless — they are easy to take and to administer. Recommended for infants and children up to 3 years old.

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NUGGET WHITE DRESSING is *better* because

- Keeps shoes spotlessly white.
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OPTREX

Eye Lotion

Scientifically prepared and medically approved.

Removes all feeling of strain, tiredness, and keeps your eyes clear, healthy and vigorous.

Optrex is also a powerful antidote against styes and other eye troubles.

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REGISTERED NURSES' ASSOC'N. OF BRITISH COLUMBIA

Placement Service

Information regarding positions for Registered Nurses in the Province of British Columbia may be obtained by writing to:

Elizabeth Braund, R.N., Director Placement Service

1001 Vancouver Block, Vancouver B.C.

Head Colds

CHECK SNIFFLING

Mentholatum quickly relieves head colds; checks sniffling; soothes irritated membranes. Jars and tubes, 30c.

V-2

MENTHOLATUM

Gives COMFORT Daily

the R.C.A.M.C., is registered at Mt. Allison University for the coming term.

Provincial Sanatorium:

Jo Greenan and Mary Coady have resigned to be married.

SASKATCHEWAN

HUMBOLDT:

St. Elizabeth's Hospital:

Teresa Bevan is now assistant supervisor, 1st floor. Olga Katarynych is on the operating-room staff.

The following St. Elizabeth graduates are serving as indicated: Beata Pitzel, Camrose Hospital, Alta.; Rose Berscheid, matron, Prelate Hospital; Katharine Berscheid, staff nurse, Prelate Hospital; Margaret Lowe, St. Michael's Hospital, Cudworth; Jennie Eikeland, Wadena Hospital. Mrs. O. A. Saddlemyer is now nurse-in-charge at LeRoy Community Hospital.

MAPLE CREEK:

The nurses of Maple Creek Chapter met recently at the home of Mrs. L. Malden for a business meeting and a social gathering in the form of a farewell party and presentation of a gift to Mrs. J. Armstrong, past secretary of the chapter. She is leaving for Piapot. At the same time a gift was presented to L. Leskosky who was on the Union Hospital staff and is to be married.

In August the nurses' residence was the scene of an evening in honor of Maureen Graham, a bride-elect, when she was the recipient of a lovely white tablecloth. Solos were rendered by Mrs. E. Hoffman. A gift, in the form of a welcome home token, was presented to Mrs. E. Broome who has returned to Maple Creek.

SASKATOON:

City Hospital:

Edith Amas, director, Women's Division, National Employment Service, Saskatoon, has been chosen as one of six women to go to Europe to select displaced persons to come to Canada as domestic workers, particularly as maids and ward helpers in hospitals. Miss Amas, a former director of nursing at the hospital and S.C.H. graduate, is now overseas.

The following nurses have been appointed to the staff: Wilma Peterson, B.Sc.N., science instructor; Lois (MacLaren) Larmour, central supply room; Doreen Russell, nursing arts instructor; Margaret Newsham, B.Sc.N., assistant night supervisor; Barbara Robbins, assistant head nurse; Alice (Robinson) Fitzpatrick, operating-room supervisor; Elizabeth (Hammer) Mitchell and Shirley (Edward) Skolrood, general duty. Margaret Waterman, who served with the R.C.N. Nursing Service for four years, is now night supervisor. F. Moyra Allen has resigned as science instructor to return to Montreal for post-graduate studies at McGill University.

Peg Neal, director of nursing service, Sisters of Charity Providence Hospital, Seattle, Wash., was a recent visitor to the hospital.

Positions Vacant

WANTED

GENERAL STAFF NURSES

Initial Salary: $140 per month and laundry. First increment is granted after six months. 8-hour day and 6-day week. Three weeks' annual vacation.

Apply to:

Superintendent of Nurses

Toronto General Hospital **Toronto, Ont.**

Superintendent of Nurses for Victoria Public Hospital, Fredericton, N.B., a 150-bed hospital. Apply to Mrs. B. H. Hagerman, Chairman, Nurses' Committee, 62 Alexandra St., Fredericton, N.B.

Assistant Dietitian for 135-bed hospital. **Clinical Supervisor.** Apply, stating qualifications, experience, and salary expected, to Supt., General Hospital, Guelph, Ont.

Graduate Nurses immediately for Anglican Mission Hospitals at Fort George, P.Q., and Moose Factory, Ont. Splendid opportunities for service among needy Indians and Eskimo of James Bay. Apply to Supt., Indian School Administration, M.S.C.C., 102 Bank St., Ottawa, Ont.

Public Health Nurses. Minimum salary: $2,000 with provision for annual increases to $2,700. 3 weeks' vacation with pay; pension plan; car provided. Qualifications: Preferably not over 35 years of age; public health training; public health experience; special orthopedic training if possible. If the latter is not considered sufficient, a 6-month in-service training will be given at slightly reduced salary. Apply to Director of Nurses, Ontario Society for Crippled Children, 112 College St., Toronto 2, Ont.

General Staff Nurses (4) to increase capacity of new 50-bed hospital. Fully modern nurses' residence. Salary: $125 and full maintenance. 6-day week and 8-hour day. One month annual vacation with pay. Apply to General Auxiliary Hospital, Yorkton, Sask.

Graduate Nurses for **General Duty** in 19-bed hospital. Salary: $110 per month with full maintenance. Separate nurses' residence. Apply to Miss M. Sissons, Matron, Municipal Hospital, Vulcan, Alta.

General Duty Nurse. Salary: $100 per month. 10% Xmas bonus. 8-hour duty. All meals allowed. Uniforms laundered. Apply to Rotary Hopewell Hospital, Leamington, Ont.

Graduate Nurses for **General Duty** in 350-bed **Tuberculosis** Hospital. Salary: $110 per month plus full maintenance, with yearly increments of $5.00 a month to a maximum of $125. 6-day week with 6 hours of duty on Sunday. Good living conditions. Apply to Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Newly-Graduated or **Experienced Staff Nurses** for Municipal Hospital, Red Deer, Alberta. Hospital on straight working shifts. City pop., approx. 5,000 and situated in ideal location of Alberta with popular summer resort 15 miles distant. Main wing of hospital built in 1940 and modern equipment throughout. 60 beds with professional direction under supervision of Nursing Supt. 8-hour day and 6-day week. 3 weeks' annual vacation with pay at end of 1 year. Prior vacations can be arranged. Commencing salary: $110 monthly with maintenance. Increased to $115 after 6 months and to $120 after 12 months' service. Apply, stating experience, age, and marital status, to Matron.

Graduate Nurses (3) for hospital in Peace River country. Salary: $125 per month plus full maintenance. Apply to M. F. Malkinson, Sec.-Treas., Community Hospital, Fairview, Alta.

General Duty Nurses for 20-bed fully modern hospital. Salary: $125 per month and full maintenance. 6-day week. Apply to Supt. of Nurses, Municipal Hospital, Brooks, Alta.

WANTED

for

ROSEWAY HOSPITAL, SHELBURNE, NOVA SCOTIA

General Duty Nurses for 160-bed hospital (40 beds general hospital plus 120 beds tuberculosis hospital). Salary: $1,140 per annum plus full maintenance. Pleasant living and working conditions. 6-day week; 3 weeks' holiday with full pay after a year's service.

Apply to:

N.S. CIVIL SERVICE COMMISSION,
P.O. BOX 943, HALIFAX, N.S.

Registered Nurses for **General Staff** at Tranquille Sanatorium, which is situated on Kamloops Lake, near Kamloops, B.C. Gross salary for 8-hour day, 6-day week: $146.11 per month during 1st year; $156.11 per month during 2nd year; and a $5.00 per month raise in 3rd, 4th, and 5th years of service, minus $27.50 monthly for board, room and laundry. 31 days vacation per annum with pay, plus 11 days statutory holidays. 14 days sick leave each year, accumulative, with pay, plus 6 days incidental illness. Superannuation plan. Up to $50 of fare refunded. Apply to Supt. of Nurses, Tranquille, B.C.

Qualified Dietitian for General & Marine Hospital, Owen Sound, Ontario. 130-bed General Hospital. Good salary and full maintenance. Apply to Administrator. Also **Nursery Supervisor** with Post-Graduate experience. Apply, stating qualifications and experience, to Supt. of Nurses.

Operating-Room Supervisor. 385 beds. 600 operations monthly. 44-hour week. May live in. Salary open. Apply to Personnel Director, Rochester General Hospital, Rochester, New York.

General Staff Nurses. Salary: $140 per month living out, plus laundry. Annual increment. **Operating-Room & Recovery-Room Nurses.** (Post-Graduate course essential.) Salary: $145 per month living out, plus laundry. Annual increment. Accumulative sick leave. Hospitalization. Superannuation. 31 days' vacation. Statutory holidays. 8-hour day and 6-day week. State in first letter date of graduation, experience, references, etc., when services would be available, and whether eligible for registration in British Columbia. Apply to Director of Nursing, General Hospital, Vancouver, B.C.

Operating-Room Nurse. Salary: $110. Full maintenance, laundry, Blue Cross Hospitalization. $60 yearly increase up to 3 years. **General Floor Duty Nurse.** Salary: $100. Same benefits. Apply, with references, to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

Graduate Nurse, with **Public Health** certificate, for Nursing Service in Secondary Schools, Apply, stating qualifications, experience, age, and other particulars, to Miss Mollie Towers. Sec., Board of Education, Sault Ste. Marie, Ont.

Registered Laboratory Technician. General Duty Nurses. Charge Nurse for Pediatric Ward. Charge Nurse for Nursery. General Duty Nurses for Operating-Room. Attractive salaries plus full maintenance for all positions. Apply to Supt., County General Hospital, Welland, Ont.

Operating-Room Supervisor for North Vancouver General Hospital, situated across harbor from Vancouver. Must have P.G. in Surgery. Salary to commence at $160 gross. 48-hour week. 3 weeks' vacation after 1 year's service. 1½ days sick time per month. $25 per month room and board if required. Nurses' residence and hospital in delightful quiet surroundings. Apply, giving full particulars, to Supt., of Nurses, 250 E. 13th St., North Vancouver, B.C.

Operating-Room Nurse for North Vancouver General Hospital, situated across harbor from Vancouver. Must have P.G. in Surgery. Salary to commence at $150 gross. 48-hour week. 3 weeks' vacation after 1 year's service. 1½ days sick time per month. $25 per month room and board if required. Nurses' residence and hospital in delightful quiet surroundings. Apply, giving full particulars, to Supt. of Nurses, 250 E. 13th St., North Vancouver, B.C.

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A Director for the Second Mile Club of Toronto

A non-residential club and centre for elderly people of all creeds and circumstances.

Vision, initiative, and flexibility are essentials in this new field of opportunity. Preference will be given to a Trained Social Worker but applications from Nurses or Church Workers are invited.

Salary: Tentatively set at $2,500.

Apply to:

Mrs. W. L. Grant
c/o The Second Mile Club of Toronto
192 Carlton St.
Toronto 2, Ontario

Bilingual Nurse for Health Centre, 111 Guilbault St., Longueuil, Montreal 23, P.Q. For full information apply to Dr. Paul Roland, above address.

Graduate Nurses (3) — 1 for **Operating-Room** at $130 per month and 2 for **General Duty** at $120 — with full maintenance. 2 weeks' annual vacation with pay. Apply to Sec.-Treas., Municipal Hospital, Elk Point, Alta.

Lady Superintendent for well equipped 45-bed hospital in good town in Western Ontario. Salary. $160 per month with full maintenance. Apply, stating experience, age, etc., to L. G. Crozier, Sec.-Treas., County of Bruce General Hospital, Walkerton, Ont.

Instructor (qualified) immediately for 60-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., Payzant Memorial Hospital, Windsor, N.S.

General Duty Nurses for approved hospital. Accredited School of Nursing. Pleasant environment; comfortable housing; seashore; all sports; staff education program; salary good. Apply to Mrs. A. O. Schoonmaker, Director, Nursing School & Service, Monmouth Memorial Hospital, 3rd Ave., Long Branch, New Jersey. (Long Branch: 6-3600 — Extension: 403)

Registered Nurses for **General Duty** in 25-bed hospital. Salary: $85 per month with full maintenance. 8-hour day and 6-day week. New nurses' residence. Apply to Supt., Memorial Hospital, Sackville, N.B.

General Staff Nurses for 150-bed Sanatorium. Salary: $120 per month plus full maintenance. 4 weeks' vacation with pay each year. 14 days' sick leave. Additional $10.00 per month for night duty. Railway fare refunded after 6 months' service. Apply, stating qualifications and date available, to Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Industrial Environmental Factors

The average worker spends one-third of each working day in his industrial environment. Obviously, the conditions under which he must work for such long periods will have a direct bearing on his physical and mental health.

Entering into a consideration of the comfort of employees are such environmental factors as illumination, temperature, humidity, noise, air motion, and plant sanitation. The Bureau of Adult Health has been studying these factors as they relate to comfort in a number of warehouses, offices, stores and other establishments of a similar nature where both men and women are employed.

An interesting aspect of this study has been the discovery that workers are not always able to diagnose correctly the cause of their "uncomfortable feeling." In one plant, for example, several employees who acquired headaches as the working day progressed blamed the lack of ventilation for their difficulty. Air movement studies of the establishment, together with temperature and humidity readings, were taken and calculated in terms of effective temperature and individual comfort. The result indicated that ventilation was satisfactory and probably not the factor causing headaches. Additional routine studies of other environmental factors in the plant were made and it was discovered that the natural illumination of the room created a glare which was responsible for eyestrain which in turn might be responsible for headaches.

Strategically placed shields to eliminate glare with minimal loss of lighting intensity were installed in the plant. Complaints by workers soon dropped off and headaches disappeared entirely. — *California's Health*